

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 244

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Dan Malloy For Connecticut (CT)</b>					<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First <b>Len</b>	MI <b>S</b>	Last <b>Miller</b>	Suffix		
4. TREASURER ADDRESS						
Street Address <b>8 Kings Ln</b>		City <b>Essex</b>		State <b>CT</b>	Zip Code <b>06426</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>						
8. CANDIDATE NAME						
Title	First <b>Dannel</b>	MI <b>P.</b>	Last <b>Malloy</b>	Suffix		
9. TYPE OF REPORT						
<b>October 10 Filing - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>07/01/2009</b> thru <b>09/30/2009</b>						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Len Miller</b>		<b>10/13/2009</b>		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Dan Malloy For Connecticut (CT)</b>	Original 10/13/2009	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$193,971.37</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$103,598.00</b>	<b>\$376,133.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$1,125.00</b>	<b>\$5,050.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$375.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$104,723.00</b>	<b>\$381,558.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$298,694.37</b>	<b>\$381,558.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$144,749.83</b>	<b>\$227,613.46</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$153,944.54</b>	<b>\$153,944.54</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$385.00</b>	<b>\$2,085.96</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$455.05</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$2,054.89</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$2,054.89</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	<b>Subtotal Section A</b> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name Orleans	First Name Jonathan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1215	Amount of Contribution
Residential Street Address 87 Bayberry Rd	City Fairfield	State CT	Zip Code 06825-2742	Date Received 07/02/2009	
Principal Occupation lawyer	Name of Employer Pullman & Comley LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	
\$50.00					
Last Name Joseph	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1216	Amount of Contribution
Residential Street Address 148 Beekman Rd	City Summit	State NJ	Zip Code 07901-1724	Date Received 07/02/2009	
Principal Occupation Commercial Real Estate	Name of Employer George Comfort & Sons	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	
\$150.00					
Last Name Deckey	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1217	Amount of Contribution
Residential Street Address 136 E 64th St # 3B	City New York	State NY	Zip Code 10065-7360	Date Received 07/02/2009	
Principal Occupation Real Estate	Name of Employer George Comfort & Sons	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
\$100.00					
Last Name Kovel	First Name Dara	MI K	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1218	Amount of Contribution
Residential Street Address 85 Livingston St	City New Haven	State CT	Zip Code 06511-2409	Date Received 07/06/2009	
Principal Occupation Partner-Connecticut Office	Name of Employer Jonathan Rose Companies	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
\$100.00					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Smith</b>	First Name <b>Walter</b>	MI <b>V</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1220</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>97 W Hill Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-1705</b>	Date Received <b>07/10/2009</b>	
Principal Occupation <b>Tax Attorney</b>	Name of Employer <b>Self-Employed</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <b>King</b>	First Name <b>Donna</b>	MI <b>I</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1219</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>71 Aiken St Apt Q16</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851-2144</b>	Date Received <b>07/10/2009</b>	
Principal Occupation <b>Exec. Assistant</b>	Name of Employer <b>State of CT, Office of the Treasurer</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>07212009A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$150.00</b>	
Last Name <b>Thomas</b>	First Name <b>Kyle</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1223</b>	Amount of Contribution          <b>\$5.00</b>
Residential Street Address <b>402 Brookside Ct</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06042-7114</b>	Date Received <b>07/11/2009</b>	
Principal Occupation <b>Legislative Aide</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$5.00</b>	
Last Name <b>Moffly</b>	First Name <b>Jonathan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1222</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>205 Main St</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-3206</b>	Date Received <b>07/12/2009</b>	
Principal Occupation <b>publisher</b>	Name of Employer <b>moffly media</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>07212009A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Walsh		First Name Kathleen		MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1221	Amount of Contribution
Residential Street Address 426 Rock Rimmon Rd			City Stamford		State CT	Zip Code 06903-2811		Date Received 07/12/2009
Principal Occupation President & CEO			Name of Employer Stamford Partnership, Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$300.00	
<div style="text-align: right;">\$100.00</div>								

Last Name Rothman		First Name Howard		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1230	Amount of Contribution
Residential Street Address 1336 Newfield Ave			City Stamford		State CT	Zip Code 06905-1413	Date Received 07/13/2009	
Principal Occupation financial executive			Name of Employer Vision Financial Markets LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

Last Name Rothman		First Name Gayle		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1231	Amount of Contribution
Residential Street Address 1336 Newfield Ave		City Stamford		State CT	Zip Code 06905-1413		Date Received 07/13/2009	
Principal Occupation speech pathologist		Name of Employer eagle hill school, Greenwich CT			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00
								\$375.00

Last Name Bouchard Mudry		First Name Joella		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1233	Amount of Contribution
Residential Street Address 25 Rogers Rd		City Bristol		State CT	Zip Code 06010-7949		Date Received 07/13/2009	
Principal Occupation retired/healthcare organizer		Name of Employer none listed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Cochran		First Name John		MI T	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1234		Amount of Contribution	
Residential Street Address 3801 Center Way			City Fairfax			State VA	Zip Code 22033-2645		Date Received 07/13/2009			
Principal Occupation none listed			Name of Employer US Conference of Mayors				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00		\$375.00		
Executive					Legislative							

Last Name Friedler		First Name Joseph		MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1235	Amount of Contribution
Residential Street Address 96 Taintor Dr			City Southport		State CT	Zip Code 06890-1380		Date Received 07/13/2009
Principal Occupation Attorney		Name of Employer Friedler & Friedler PC			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Stratton		First Name Brian		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1236		Amount of Contribution
Residential Street Address 729 Decamp Ave			City Schenectady		State NY	Zip Code 12309-6009		Date Received 07/13/2009			
Principal Occupation mayor			Name of Employer City of Schenectady			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00			\$100.00

Last Name <b>James</b>		First Name <b>Juanita</b>		MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1232</b>	Amount of Contribution
Residential Street Address <b>101 Dogwood Ln</b>			City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-4532</b>		Date Received <b>07/13/2009</b>
Principal Occupation <b>Chief Marketing Officer</b>			Name of Employer <b>Pitney Bowes, Inc.</b>			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  <b>\$375.00</b>	
<b>\$375.00</b>								

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Nemec</b>	First Name <b>Michael</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1226</b>	Amount of Contribution     <b>\$25.00</b>
Residential Street Address <b>25 Adams Ave Unit 110</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-3785</b>	Date Received <b>07/13/2009</b>		
Principal Occupation <b>n/a</b>	Name of Employer <b>n/a</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>07212009A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$125.00</b>		
Last Name <b>Melzer</b>	First Name <b>Sondra</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1225</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>180 Turn of River Rd Unit 1D</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905-1331</b>	Date Received <b>07/13/2009</b>		
Principal Occupation <b>professor</b>	Name of Employer <b>Sacred Heart University</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>07212009A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Samers</b>	First Name <b>Edith</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1237</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>180 Big Oak Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-4608</b>	Date Received <b>07/13/2009</b>		
Principal Occupation <b>marketing</b>	Name of Employer <b>Shalom TV</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>07212009A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Smith</b>	First Name <b>Edward</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1238</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>180 Big Oak Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-4608</b>	Date Received <b>07/13/2009</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>n/a</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>07212009A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		











**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Graham</b>	First Name <b>Jesse</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1254</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>926 Rxr Plz</b>	City <b>Uniondale</b>	State <b>NY</b>	Zip Code <b>11556-0926</b>	Date Received <b>07/14/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Rivkin Radler LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07212009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$150.00</b>		
Last Name <b>Jukoski</b>	First Name <b>Mary Ellen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1249</b>	Amount of Contribution          <b>\$54.00</b>
Residential Street Address <b>7 Mackinnon Pl</b>	City <b>East Lyme</b>	State <b>CT</b>	Zip Code <b>06333-1534</b>	Date Received <b>07/14/2009</b>		
Principal Occupation <b>college educator</b>	Name of Employer <b>Mitchell College</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07212009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$154.00</b>		
Last Name <b>Friedlander</b>	First Name <b>Claire</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1243</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>33 Lolly Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-4810</b>	Date Received <b>07/14/2009</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07212009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$75.00</b>		
Last Name <b>Callion</b>	First Name <b>William</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1245</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>35 W Broad St Apt 307</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-3771</b>	Date Received <b>07/14/2009</b>		
Principal Occupation <b>Director</b>	Name of Employer <b>City of Stamford</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07212009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$150.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Nelthropp		First Name Judy		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1262	Amount of Contribution
Residential Street Address 47 Shag Bark Rd			City Stamford		State CT	Zip Code 06903-1638		Date Received 07/15/2009
Principal Occupation Office Manager			Name of Employer Dermatology Center of Stamford			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Heichler		First Name Katherine		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1265	Amount of Contribution
Residential Street Address 166 Bouton St W		City Stamford		State CT	Zip Code 06907-1319	Date Received 07/15/2009		
Principal Occupation Clergy		Name of Employer Church of Christ the Healer			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Martin		First Name David		MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1258		Amount of Contribution	
Residential Street Address 2121 Long Ridge Rd			City Stamford		State CT	Zip Code 06903-2105		Date Received 07/16/2009				
Principal Occupation consultant			Name of Employer Michael Allen Company			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list Event # <u>07212009A</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00			\$275.00	
Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative												

Last Name Davis		First Name Judith		MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1255	Amount of Contribution
Residential Street Address 164 Van Rensselaer Ave			City Stamford		State CT	Zip Code 06902-8212		Date Received 07/16/2009
Principal Occupation N/A			Name of Employer homemaker			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00	

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Lauderdale		First Name Valerie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1256		Amount of Contribution	
Residential Street Address 222 Old Church Rd			City Greenwich			State CT	Zip Code 06830-4823		Date Received 07/16/2009			
Principal Occupation Homemaker			Name of Employer Self Employed				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07212009A</u>					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name Sutton	First Name Anne	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1257	Amount of Contribution                         
Residential Street Address 69 W Cross Rd	City New Canaan	State CT	Zip Code 06840-6542	Date Received 07/16/2009	
Principal Occupation Writer	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				Aggregate Contributions \$100.00	\$100.00

Last Name Mazik		First Name Phyllis		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1260	Amount of Contribution
Residential Street Address 37 Greenfield Rd		City Stamford		State CT	Zip Code 06906-1226		Date Received 07/16/2009	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07212009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00

Last Name Norman-Rosedam		First Name Kimberly		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1263	Amount of Contribution
Residential Street Address 684 Frenchtown Rd		City Bridgeport		State CT	Zip Code 06606-1910		Date Received 07/16/2009	
Principal Occupation Construction and Real Estate		Name of Employer Rose Construction Company, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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### B. Itemized Contributions from Individuals

Last Name <b>Sharp</b>		First Name <b>Gun</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1264</b>	Amount of Contribution
Residential Street Address <b>27 Brodwood Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-1719</b>		Date Received <b>07/16/2009</b>	
Principal Occupation <b>Realtor</b>		Name of Employer <b>Wm Pitt Sotheby's</b>			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
						<b>\$100.00</b>		

Last Name Margolis		First Name Estelle		MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1259	Amount of Contribution
Residential Street Address 72 Myrtle Ave			City Westport		State CT	Zip Code 06880-3512	Date Received 07/16/2009	
Principal Occupation Architect/Artist			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Tarzia		First Name Joseph		MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1261	Amount of Contribution
Residential Street Address 58 Deacon Hill Rd		City Stamford		State CT	Zip Code 06905-3011		Date Received 07/16/2009	
Principal Occupation building inspector		Name of Employer unemployed			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	\$50.00

Last Name Fox		First Name Michael		MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1267	Amount of Contribution
Residential Street Address 45 Boettner Rd		City Pleasant Valley		State CT	Zip Code 06063-4126	Date Received 07/17/2009		
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00





**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Ives</b>	First Name <b>Richard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1271</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>389 Pomfret Rd</b>	City <b>Brooklyn</b>	State <b>CT</b>	Zip Code <b>06234-1523</b>	Date Received <b>07/20/2009</b>		
Principal Occupation <b>Insurance Broker</b>	Name of Employer <b>Kerin Agency</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Harper-Farkas</b>	First Name <b>Jennifer</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1274</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1119 Tee Time Dr</b>	City <b>Farmington</b>	State <b>UT</b>	Zip Code <b>84025-2919</b>	Date Received <b>07/21/2009</b>		
Principal Occupation <b>at home mom</b>	Name of Employer <b>n/a</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Malloy</b>	First Name <b>Ronald</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1273</b>	Amount of Contribution          <b>\$200.00</b>
Residential Street Address <b>111 Downs Ave</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-7802</b>	Date Received <b>07/21/2009</b>		
Principal Occupation <b>software</b>	Name of Employer <b>Kodak</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$400.00</b>		
Last Name <b>Lasko</b>	First Name <b>William</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1272</b>	Amount of Contribution          <b>\$75.00</b>
Residential Street Address <b>40 Four Brooks Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-4615</b>	Date Received <b>07/21/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>NYC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Strateman</b>	First Name <b>Howard</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1278</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>148 Ocean Dr W</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-8028</b>	Date Received <b>07/22/2009</b>		
Principal Occupation <b>investment banker</b>	Name of Employer <b>Harbour Associates LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Reed</b>	First Name <b>Benjamin</b>	MI <b>R</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1306</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>38 Bertmor Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905-2114</b>	Date Received <b>07/22/2009</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Nichani</b>	First Name <b>Shalinder</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1329</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>12 Hickory Dr # B</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-4916</b>	Date Received <b>07/22/2009</b>		
Principal Occupation <b>Business</b>	Name of Employer <b>Greenwich Hospitality Group, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$350.00</b>		
Last Name <b>Vitti</b>	First Name <b>Antonio</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1291</b>	Amount of Contribution          <b>\$150.00</b>
Residential Street Address <b>65 Dulan Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-1631</b>	Date Received <b>07/22/2009</b>		
Principal Occupation <b>excavator</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$150.00</b>		





**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Argenio		First Name Eileen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1342	Amount of Contribution
Residential Street Address 76 Palmer St		City Stamford		State CT	Zip Code 06907-2034		Date Received 07/22/2009	
Principal Occupation none		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Sherwood		First Name Jami		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1295	Amount of Contribution          \$50.00
Residential Street Address 48 Putter Dr		City Stamford		State CT	Zip Code 06907-1238	Date Received 07/22/2009		
Principal Occupation graphic designer		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00		

Last Name McCluskey	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1324	Amount of Contribution
Residential Street Address 43 Elmhurst Cir	City West Hartford		State CT	Zip Code 06110-1412	Date Received 07/22/2009	
Principal Occupation staff rep.	Name of Employer CT State Employees Assn			Is this contribution associated with a fundraising event listed in Section J? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Aggregate Contributions \$375.00	\$175.00

[illegible]



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Malloy		First Name Sandra		MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1327	Amount of Contribution
Residential Street Address 16 Stamford Ave			City Stamford		State CT	Zip Code 06902-8014		Date Received 07/22/2009
Principal Occupation Volunteer Director			Name of Employer Waveny Care Network			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name <b>Malloy</b>		First Name <b>Patricia</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1316</b>	Amount of Contribution
Residential Street Address <b>96 Verplank Ave</b>			City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-8237</b>	Date Received <b>07/22/2009</b>	
Principal Occupation <b>Teacher</b>			Name of Employer <b>Board of Education</b>			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name Fife		First Name Lynne		MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1277	Amount of Contribution
Residential Street Address 102 Strawberry Hill Ave Apt 3			City Stamford		State CT	Zip Code 06902-2566		Date Received 07/22/2009
Principal Occupation Asst. Registrar of Voters			Name of Employer City of Stamford		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$75.00

Last Name Barbarotta		First Name Sharon		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1293	Amount of Contribution          \$100.00
Residential Street Address 28 Unity Dr		City Trumbull		State CT	Zip Code 06611-4929	Date Received 07/22/2009		
Principal Occupation invitations business		Name of Employer Facility Manager			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Fox		First Name Gerald		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1320		Amount of Contribution	
Residential Street Address 66 Fairview Ave			City Stamford		State CT	Zip Code 06902-8129		Date Received 07/22/2009				
Principal Occupation Attorney			Name of Employer Fox & Fox, LLP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$175.00			\$175.00	

Last Name Kane		First Name Ann		MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1300	Amount of Contribution
Residential Street Address 183 Stamford Ave		City Stamford		State CT	Zip Code 06902-8013	Date Received 07/22/2009		
Principal Occupation library		Name of Employer Cummings & Lockwood			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		\$100.00

Last Name Osta		First Name Nagi		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1285		Amount of Contribution	
Residential Street Address 90 W Bank Ln			City Stamford		State CT	Zip Code 06902-1309		Date Received 07/22/2009				
Principal Occupation President			Name of Employer Exchange Corp. Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00			\$100.00	

Last Name Ancker		First Name Walter		MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1281	Amount of Contribution
Residential Street Address 34 Old Rock Ln			City Norwalk		State CT	Zip Code 06850-2231		Date Received 07/22/2009
Principal Occupation gasoline retailer			Name of Employer Bald Eagle Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00	
<div style="text-align: right;">\$100.00</div>								

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Ancker		First Name Walter		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1282		Amount of Contribution	
Residential Street Address 34 Old Rock Ln			City Norwalk			State CT	Zip Code 06850-2231		Date Received 07/22/2009			
Principal Occupation gasoline retailer			Name of Employer Bald Eagle Inc.				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00		\$100.00		

Last Name <b>Ahuja</b>		First Name <b>Ravi</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #  <b>1283</b>	Amount of Contribution
Residential Street Address <b>296 Westover Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-1928</b>	Date Received <b>07/22/2009</b>		
Principal Occupation <b>Architect</b>		Name of Employer <b>AWA Design Group, PC</b>			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>07212009A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$100.00</b>		<b>\$100.00</b>

Last Name Rosenblum		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1314	Amount of Contribution
Residential Street Address 48 Spring St		City Greenwich		State CT	Zip Code 06830-6176	Date Received 07/22/2009		
Principal Occupation Attorney		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Tuckel		First Name Elliott		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1315	Amount of Contribution
Residential Street Address 339 Stamford Ave			City Stamford		State CT	Zip Code 06902-8203	Date Received 07/22/2009	
Principal Occupation retired			Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$54.00	\$54.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Pouzik</b>	First Name <b>Ksenia</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1321</b>	Amount of Contribution          <b>\$54.00</b>	
Residential Street Address <b>27 Crane Rd N</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-2504</b>		Date Received <b>07/22/2009</b>
Principal Occupation <b>accountant</b>		Name of Employer <b>Trans-Lux Corporation</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>07212009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$54.00</b>			
Last Name <b>Esposito</b>	First Name <b>Marilyn</b>	MI <b>N</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1323</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>1 Strawberry Hill Ct Apt 7H</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-2530</b>		Date Received <b>07/22/2009</b>
Principal Occupation <b>owner, marketing/PR</b>		Name of Employer <b>MCC Worldwide</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>07212009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>			
Last Name <b>Vasudevan</b>	First Name <b>Ashok</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1330</b>	Amount of Contribution          <b>\$125.00</b>	
Residential Street Address <b>9 W Broad St Fl 5</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-3734</b>		Date Received <b>07/22/2009</b>
Principal Occupation <b>business</b>		Name of Employer <b>Preferred Brands</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>07212009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$125.00</b>			
Last Name <b>Phillips</b>	First Name <b>Anne</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1331</b>	Amount of Contribution          <b>\$375.00</b>	
Residential Street Address <b>3300 Park Ave Unit 5</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604-1140</b>		Date Received <b>07/22/2009</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>City Of Bridgeport</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>07212009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Mohadjer</b>	First Name <b>Nina</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1332</b>	Amount of Contribution          <b>\$30.00</b>
Residential Street Address <b>20 Rustic Rd</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>	Date Received <b>07/22/2009</b>		
Principal Occupation <b>lawyer</b>	Name of Employer <b>Eckert Seaman</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$30.00</b>		
Last Name <b>Rogers</b>	First Name <b>P. Buffy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1344</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>15 William St</b>	City <b>Pawcatuck</b>	State <b>CT</b>	Zip Code <b>06379-2110</b>	Date Received <b>07/22/2009</b>		
Principal Occupation <b>caretaker</b>	Name of Employer <b>disabled</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		
Last Name <b>Schwartz</b>	First Name <b>Arnold</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1346</b>	Amount of Contribution          <b>\$150.00</b>
Residential Street Address <b>111 Barnes Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-1242</b>	Date Received <b>07/22/2009</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>none</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>07212009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$150.00</b>		
Last Name <b>Clemente</b>	First Name <b>Esther</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1347</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>42 Matilda Ln</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484-3657</b>	Date Received <b>07/22/2009</b>		
Principal Occupation <b>cook - mgm.</b>	Name of Employer <b>Sodexho</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		





**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name Malloy	First Name Kevin	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1296	Amount of Contribution
Residential Street Address 202 Soundview Ave Apt 35	City Stamford	State CT	Zip Code 06902-7038	Date Received 07/22/2009	
Principal Occupation Real Estate Agent	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	
Last Name Malloy	First Name Kathryn	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1317	Amount of Contribution
Residential Street Address 202 Soundview Ave Apt 35	City Stamford	State CT	Zip Code 06902-7038	Date Received 07/22/2009	
Principal Occupation teacher	Name of Employer Holy Spirit School	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	
Last Name Payne	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1298	Amount of Contribution
Residential Street Address 216 W Hill Rd	City Stamford	State CT	Zip Code 06902-1712	Date Received 07/22/2009	
Principal Occupation consultant	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	
Last Name Drew	First Name Teresa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1299	Amount of Contribution
Residential Street Address 24 Tremont Ave	City Stamford	State CT	Zip Code 06906-2329	Date Received 07/22/2009	
Principal Occupation Director - Youth Services	Name of Employer City of Stamford	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name Fox	First Name Bridget	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1301	Amount of Contribution
Residential Street Address 287 Hamilton Ave Apt 2H	City Stamford	State CT	Zip Code 06902-3539	Date Received 07/22/2009		
Principal Occupation School Readiness Liaison	Name of Employer City of Stamford		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$54.00		
\$54.00						
Last Name Fox	First Name Daniel	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1302	Amount of Contribution
Residential Street Address 287 Hamilton Ave Apt 2H	City Stamford	State CT	Zip Code 06902-3539	Date Received 07/22/2009		
Principal Occupation attorney	Name of Employer Curtis Brinckerhoff and Barnett		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$54.00		
\$54.00						
Last Name Gold	First Name Ronald	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1303	Amount of Contribution
Residential Street Address 6 Ocean Dr N	City Stamford	State CT	Zip Code 06902-7838	Date Received 07/22/2009		
Principal Occupation attorney	Name of Employer Benjamin & Gold, PC		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Warrick	First Name William	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1305	Amount of Contribution
Residential Street Address 242 Ocean Dr E	City Stamford	State CT	Zip Code 06902-8238	Date Received 07/22/2009		
Principal Occupation retired	Name of Employer n/a		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$375.00						





**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Heinze		First Name Scott		MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1333	Amount of Contribution
Residential Street Address 26 Vani Ct			City Westport		State CT	Zip Code 06880-6038		Date Received 07/23/2009
Principal Occupation Paramedic			Name of Employer New York City Fire Department			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	

Last Name Barndollar		First Name Livia		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1334	Amount of Contribution
Residential Street Address 69 Housatonic Dr		City Milford		State CT	Zip Code 06460-5033		Date Received 07/23/2009	
Principal Occupation Attorney		Name of Employer Marvin, Ferro, Barndollar & Roberts, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Lewis-Grace		First Name Sharon		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1335	Amount of Contribution
Residential Street Address 573 Nod Hill Rd		City Wilton		State CT	Zip Code 06897-1302		Date Received 07/23/2009	
Principal Occupation none		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name MacDonald		First Name Bruce		MI T	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1336	Amount of Contribution       \$25.00
Residential Street Address 26 Stanton St		City Pawcatuck		State CT	Zip Code 06379-1842		Date Received 07/24/2009	
Principal Occupation public relations consultant		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09232009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	





**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Webb</b>	First Name <b>Peggy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1355</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>64 Woodbury HI</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798-2963</b>	Date Received <b>08/05/2009</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07212009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$150.00</b>		
Last Name <b>Kim</b>	First Name <b>Eric</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1351</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>39 Maple Tree Ave Unit 6</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06906-2271</b>	Date Received <b>08/05/2009</b>		
Principal Occupation <b>Repo Margin Manager</b>	Name of Employer <b>UBS Investment Bank</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07212009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Stewart</b>	First Name <b>Frank</b>	MI <b>G</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1352</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>1061 Matianuck Ave</b>	City <b>Windsor</b>	State <b>CT</b>	Zip Code <b>06095-3209</b>	Date Received <b>08/05/2009</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>Educator</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Heinrich</b>	First Name <b>Deborah</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1353</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>11 Beaver Pond Rd</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443-2328</b>	Date Received <b>08/05/2009</b>		
Principal Occupation <b>State Representative</b>	Name of Employer <b>Connecticut General Assembly</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Heinrich		First Name Russell		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1354	Amount of Contribution
Residential Street Address 11 Beaver Pond Rd		City Madison		State CT	Zip Code 06443-2328	Date Received 08/05/2009		
Principal Occupation engineer		Name of Employer Covidien			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00

Last Name Leandro		First Name Eduardo		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1356	Amount of Contribution
Residential Street Address 41 Deer Ridge Rd		City Stonington		State CT	Zip Code 06378-1915		Date Received 08/05/2009	
Principal Occupation lineman		Name of Employer Metro Cast of CT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		\$20.00

Last Name Kinol	First Name Ramon	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1357	Amount of Contribution		
Residential Street Address 21 Orr Hatch		City Cornwall		State NY	Zip Code 12518-1727		Date Received 08/05/2009	
Principal Occupation Developer		Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

Last Name DiBlasio		First Name Robyn		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1358	Amount of Contribution
Residential Street Address 4 Silwen Ln		City Norwalk		State CT	Zip Code 06851-3137		Date Received 08/13/2009	
Principal Occupation account manager - sales		Name of Employer Novus LLC			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Gordon</b>	First Name <b>A. Reynolds</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1359</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>28 Delaware Rd</b>	City <b>Easton</b>	State <b>CT</b>	Zip Code <b>06612-2106</b>	Date Received <b>08/14/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Rothenberg</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1360</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>3119 Miro Dr S</b>	City <b>Palm Beach Gardens</b>	State <b>FL</b>	Zip Code <b>33410-1285</b>	Date Received <b>08/14/2009</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Castoldi</b>	First Name <b>Douglas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1361</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>90 Lexington Ave # 11C</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10016</b>	Date Received <b>08/14/2009</b>		
Principal Occupation <b>engineer</b>	Name of Employer <b>DKS Construction</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Casolo</b>	First Name <b>Louis</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1362</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>26 Hassake Rd</b>	City <b>Old Greenwich</b>	State <b>CT</b>	Zip Code <b>06870-1328</b>	Date Received <b>08/14/2009</b>		
Principal Occupation <b>engineer</b>	Name of Employer <b>COS</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Monto</b>	First Name <b>Jennifer</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1363</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>8 Frog Aly</b>	City <b>Chilmark</b>	State <b>MA</b>	Zip Code <b>02535-2133</b>	Date Received <b>08/14/2009</b>		
Principal Occupation <b>manager</b>	Name of Employer <b>Nantucket Cottage Hospital</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Monto</b>	First Name <b>Raymond</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1364</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>8 Frog Aly</b>	City <b>Chilmark</b>	State <b>MA</b>	Zip Code <b>02535-2133</b>	Date Received <b>08/14/2009</b>		
Principal Occupation <b>MD</b>	Name of Employer <b>Nantucket Hospital</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Goichman</b>	First Name <b>Jennifer</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1365</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>33 Meadow Wood Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-7023</b>	Date Received <b>08/14/2009</b>		
Principal Occupation <b>owner</b>	Name of Employer <b>SCG Capital</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Shendell</b>	First Name <b>Marsha</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1366</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>24 Flora Pl</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-1805</b>	Date Received <b>08/14/2009</b>		
Principal Occupation <b>community activist</b>	Name of Employer <b>none listed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Jaffe		First Name Alan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1367	Amount of Contribution  \$25.00
Residential Street Address 69 Brookhollow Ln		City Stamford		State CT	Zip Code 06902-1014	Date Received 08/14/2009		
Principal Occupation attorney		Name of Employer Jaffe & Jaffe			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

Last Name Sender		First Name Milton		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1368		Amount of Contribution	
Residential Street Address 700 Fairfield Ave			City Stamford			State CT		Zip Code 06902-7532		Date Received 08/14/2009	
Principal Occupation food marketing			Name of Employer Daymon Worldwide			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	
\$375.00											

Last Name Rogers		First Name David		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1369	Amount of Contribution          \$100.00
Residential Street Address 26 Half Moon Way		City Stamford		State CT	Zip Code 06902-7727	Date Received 08/14/2009		
Principal Occupation none listed		Name of Employer Daymon Worldwide			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Teig		First Name Bernard		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1371	Amount of Contribution       \$100.00
Residential Street Address 295 Quarry Rd		City Stamford		State CT	Zip Code 06903-5011	Date Received 08/14/2009		
Principal Occupation accountant		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		



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**B. Itemized Contributions from Individuals**

Last Name <b>Mullender</b>	First Name <b>Pamela</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1374</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>3508 Fairway Dr N</b>	City <b>Jupiter</b>	State <b>FL</b>	Zip Code <b>33477-9524</b>	Date Received <b>08/17/2009</b>		
Principal Occupation <b>President/CEO</b>	Name of Employer <b>Ace Mentor Program</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Seplowitz</b>	First Name <b>Sheldron</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1375</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>79 Fawnfield Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-3727</b>	Date Received <b>08/17/2009</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Marnin</b>	First Name <b>Vicki</b>	MI <b>N</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1377</b>	Amount of Contribution          <b>\$5.00</b>
Residential Street Address <b>411 Durham Rd</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443-2041</b>	Date Received <b>08/17/2009</b>		
Principal Occupation <b>midwife</b>	Name of Employer <b>Birth &amp; Beyond</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$5.00</b>		
Last Name <b>Marnin</b>	First Name <b>Stephanie</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1378</b>	Amount of Contribution          <b>\$5.00</b>
Residential Street Address <b>411 Durham Rd</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443-2041</b>	Date Received <b>08/17/2009</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Outten &amp; Golden LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$5.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Kucera		First Name Nancy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1383	Amount of Contribution
Residential Street Address 1700 S Bayshore Ln Apt 4B			City Miami		State FL	Zip Code 33133-4058	Date Received 08/19/2009	
Principal Occupation N/A			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

Last Name Cohen		First Name Miriam		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1385	Amount of Contribution
Residential Street Address 21B Coldbrooke S		City Lenox		State MA	Zip Code 01240-2713		Date Received 08/22/2009	
Principal Occupation retired		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Capece		First Name Matthew		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1384	Amount of Contribution
Residential Street Address 8 Mountain St		City Derby		State CT	Zip Code 06418-1308		Date Received 08/23/2009	
Principal Occupation Union Representative		Name of Employer United Brotherhood of Carpenters			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Kucera		First Name Philip		MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1386	Amount of Contribution
Residential Street Address ! 700 S Bayshore Ln # 4B			City Miami		State FL	Zip Code 33133		Date Received 08/24/2009
Principal Occupation N/A			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name Knox	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1392	Amount of Contribution
Residential Street Address 1525 Newfield Ave	City Stamford	State CT	Zip Code 06905-1504	Date Received 08/25/2009		
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Goldberg	First Name Alfred	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1391	Amount of Contribution
Residential Street Address 60 Colonial Rd	City Madison	State CT	Zip Code 06443-1912	Date Received 08/25/2009		
Principal Occupation elected official	Name of Employer Town of Madison		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Murphy	First Name Maureen	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1393	Amount of Contribution
Residential Street Address 1678 Randolph Rd	City Middletown	State CT	Zip Code 06457-4043	Date Received 08/27/2009		
Principal Occupation Lawyer	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Mount	First Name Michael	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1397	Amount of Contribution
Residential Street Address 51 Jockey Hollow Rd	City Monroe	State CT	Zip Code 06468-1203	Date Received 08/31/2009		
Principal Occupation consultant	Name of Employer Black & Veatch		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						

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**B. Itemized Contributions from Individuals**

Last Name <b>Kweskin</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1394</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>7 Lumanor Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-5020</b>	Date Received <b>08/31/2009</b>		
Principal Occupation <b>market research</b>	Name of Employer <b>Trig</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Kweskin</b>	First Name <b>Lorraine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1395</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>7 Lumanor Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-5020</b>	Date Received <b>08/31/2009</b>		
Principal Occupation <b>market research</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Wells</b>	First Name <b>Barbara</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1398</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>18 Lakewood Cir N</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-7119</b>	Date Received <b>08/31/2009</b>		
Principal Occupation <b>Real Estate</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Jaffe</b>	First Name <b>Sari</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1396</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>69 Brookhollow Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-1014</b>	Date Received <b>08/31/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Jaffe &amp; Jaffe</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		







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### B. Itemized Contributions from Individuals

Last Name <b>Martinez</b>		First Name <b>Luz Divina</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1408</b>	Amount of Contribution
Residential Street Address <b>55 N Water St</b>		City <b>Norwalk</b>		State <b>CT</b>	Zip Code <b>06854-2345</b>		Date Received <b>09/08/2009</b>	
Principal Occupation <b>Insurance Agent</b>		Name of Employer <b>Wm F Malloy Agency</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		<b>\$50.00</b>

Last Name <b>Alswanger</b>		First Name <b>Herman</b>		MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1403</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>87 Idlewood Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905-2405</b>	Date Received <b>09/08/2009</b>		
Principal Occupation <b>retired educator</b>		Name of Employer <b>retired</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>	

Last Name Lotstein		First Name Nina		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1410	Amount of Contribution
Residential Street Address 157 Sweet Briar Rd			City Stamford		State CT	Zip Code 06905-1515		Date Received 09/09/2009
Principal Occupation Homemaker			Name of Employer Self Employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Malin		First Name Judd		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1409	Amount of Contribution
Residential Street Address 43 Harbor Dr Apt 500		City Stamford		State CT	Zip Code 06902-7470		Date Received 09/09/2009	
Principal Occupation executive		Name of Employer Robert Malin Realty, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$375.00



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### B. Itemized Contributions from Individuals

Last Name Luxenberg		First Name Geoffrey		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1414	Amount of Contribution
Residential Street Address 78 Deer Run Trl		City Manchester		State CT	Zip Code 06042-2487		Date Received 09/10/2009	
Principal Occupation Director of Campaign Operations		Name of Employer Larson for Congress			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Webb		First Name Peggy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1416	Amount of Contribution
Residential Street Address 64 Woodbury HI		City Woodbury		State CT	Zip Code 06798-2963		Date Received 09/10/2009	
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		\$50.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

Last Name Jukoski		First Name Mary Ellen		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1417	Amount of Contribution
Residential Street Address 7 Mackinnon Pl		City East Lyme		State CT	Zip Code 06333-1534		Date Received 09/11/2009	
Principal Occupation college educator		Name of Employer Mitchell College		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$204.00		\$50.00

Last Name Percy		First Name Marilyn		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1420	Amount of Contribution
Residential Street Address 14 New Shore Rd		City Waterford		State CT	Zip Code 06385-3609		Date Received 09/11/2009	
Principal Occupation Community Volunteer		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Stanback		First Name Anne		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1426	Amount of Contribution
Residential Street Address 44 Wright Dr		City Avon		State CT	Zip Code 06001-2106		Date Received 09/11/2009	
Principal Occupation Not employed		Name of Employer NA			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	

Last Name Luxenberg		First Name Geoffrey		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1419		Amount of Contribution	
Residential Street Address 78 Deer Run Trl			City Manchester			State CT		Zip Code 06042-2487		Date Received 09/11/2009	
Principal Occupation Director of Campaign Operations			Name of Employer Larson for Congress			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
<div style="text-align: right;">\$50.00</div>											

Last Name Smithers		First Name Ruth		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1418	Amount of Contribution
Residential Street Address 25 Kimberly Pl		City New Canaan		State CT	Zip Code 06840-4512		Date Received 09/11/2009	
Principal Occupation Educational Consultant		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00		\$50.00

Last Name Collins		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1421	Amount of Contribution          \$60.00
Residential Street Address 39 Learned St		City New London		State CT	Zip Code 06320-3807	Date Received 09/11/2009		
Principal Occupation flooring estimator		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00		

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Budnick</b>	First Name <b>Neil</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1422</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>718 Ponus Ridge Rd .</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Date Received <b>09/11/2009</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>Channel Rock Partners</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Jakubowski</b>	First Name <b>Jason</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1423</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>33 Westminster Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107-3353</b>	Date Received <b>09/11/2009</b>		
Principal Occupation <b>Administrator</b>	Name of Employer <b>Charter Oak State College</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Reynolds</b>	First Name <b>Richard</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1424</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>224A Agawam Dr</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614-8197</b>	Date Received <b>09/11/2009</b>		
Principal Occupation <b>none</b>	Name of Employer <b>none</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		
Last Name <b>Reynolds</b>	First Name <b>Donna Lee</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1425</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>224A Agawam Dr</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614-8197</b>	Date Received <b>09/11/2009</b>		
Principal Occupation <b>none</b>	Name of Employer <b>none</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Chase		First Name Christopher		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1427		Amount of Contribution	
Residential Street Address 436 Weed St			City New Canaan		State CT	Zip Code 06840-6125		Date Received 09/12/2009				
Principal Occupation Investment Banker			Name of Employer Morgn Joseph & Co.			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00	

Last Name Lopes		First Name Richard		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1428	Amount of Contribution
Residential Street Address 208 S Mountain Dr			City New Britain		State CT	Zip Code 06052-1514	Date Received 09/12/2009	
Principal Occupation aide			Name of Employer state of ct			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Morrow		First Name Polly		MI O	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1429	Amount of Contribution       \$100.00
Residential Street Address 19 Field St		City Stamford		State CT	Zip Code 06906-2314		Date Received 09/12/2009	
Principal Occupation Community Relations		Name of Employer Pitney Bowes Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Olson		First Name Jerry		MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1430	Amount of Contribution       \$50.00
Residential Street Address PO Box 176		City Mystic		State CT	Zip Code 06355-0176		Date Received 09/12/2009	
Principal Occupation Owner		Name of Employer Mall Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	



**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Kuckro		First Name Lee		MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1431	Amount of Contribution
Residential Street Address 471 Main St		City Wethersfield		State CT	Zip Code 06109-1818		Date Received 09/13/2009	
Principal Occupation lawyer		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Moran		First Name Gerald		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1432	Amount of Contribution          \$100.00
Residential Street Address 5 Echo Ln		City Norwalk		State CT	Zip Code 06851-1605	Date Received 09/13/2009		
Principal Occupation ret.		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Carney		First Name Maureen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1433	Amount of Contribution
Residential Street Address 355 Norton St		City New Haven		State CT	Zip Code 06511-7115	Date Received 09/13/2009		
Principal Occupation CareGiver		Name of Employer Home Instead Senior Care			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$39.00		\$39.00

Last Name Howell		First Name Ruth		MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1434	Amount of Contribution
Residential Street Address 14 Red Orange Rd			City Middletown		State CT	Zip Code 06457-4916		Date Received 09/13/2009
Principal Occupation Educational Consultant			Name of Employer State of CT, Dept. of Social Services			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Jones-Bronin		First Name R. Elaine		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1573	Amount of Contribution
Residential Street Address 11 Windabout Dr		City Greenwich		State CT	Zip Code 06831-3702		Date Received 09/13/2009	
Principal Occupation art		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	
								\$375.00

Last Name Deragon		First Name Russell		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1437	Amount of Contribution
Residential Street Address 97 W Main St Apt 88			City Niantic		State CT	Zip Code 06357-1732	Date Received 09/14/2009	
Principal Occupation Episcopal Priest			Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$25.00

Last Name Seaman		First Name Gregory		MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1435	Amount of Contribution       \$25.00
Residential Street Address 75 Clear Lake Rd		City Guilford		State CT	Zip Code 06437-1440		Date Received 09/14/2009	
Principal Occupation retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

Last Name Smith		First Name Lois		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1436	Amount of Contribution
Residential Street Address 75 Clear Lake Rd			City Guilford		State CT	Zip Code 06437-1440	Date Received 09/14/2009	
Principal Occupation Retired			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name <b>Mayo</b>	First Name <b>Reginald</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1438</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>435 Stevenson Rd</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515-2471</b>	Date Received <b>09/14/2009</b>		
Principal Occupation <b>Superintendent</b>	Name of Employer <b>New Haven Board of Education</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Gyllenhammer</b>	First Name <b>Edmund</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1439</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>81 Hartford Ave</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475-1973</b>	Date Received <b>09/14/2009</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Buel</b>	First Name <b>Marilyn</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1440</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>55 N Main St</b>	City <b>Essex</b>	State <b>CT</b>	Zip Code <b>06426-1073</b>	Date Received <b>09/14/2009</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Nussbaum</b>	First Name <b>Peter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1441</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>29 Dogwood Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-5022</b>	Date Received <b>09/14/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>S.A.C. Capital Advisors, L.P.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>McNally</b>	First Name <b>Timothy</b>	MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1445</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>60 Chase Hill Rd</b>		City <b>Pomfret Center</b>		State <b>CT</b>	Zip Code <b>06259-1302</b>		Date Received <b>09/16/2009</b>
Principal Occupation <b>Business Manager</b>		Name of Employer <b>self - BCS, Inc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Fitzgerald</b>	First Name <b>Brian</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1447</b>	Amount of Contribution          <b>\$375.00</b>	
Residential Street Address <b>40 Fox Run Ln</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06831-3737</b>		Date Received <b>09/17/2009</b>
Principal Occupation <b>Investments</b>		Name of Employer <b>Capital Partners</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$375.00</b>
Last Name <b>Sher</b>	First Name <b>Alvin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1448</b>	Amount of Contribution          <b>\$30.00</b>	
Residential Street Address <b>4 N Pine St</b>		City <b>Niantic</b>		State <b>CT</b>	Zip Code <b>06357-2769</b>		Date Received <b>09/17/2009</b>
Principal Occupation <b>Artist</b>		Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$30.00</b>
Last Name <b>Spiegelman</b>	First Name <b>Christopher</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1449</b>	Amount of Contribution          <b>\$15.00</b>	
Residential Street Address <b>52 Willard Ter</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-4926</b>		Date Received <b>09/17/2009</b>
Principal Occupation <b>Tax Director</b>		Name of Employer <b>JH Whitney Capital Partners, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$15.00</b>



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name Kirby	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1456	Amount of Contribution
Residential Street Address 88 Saddle Rock Rd	City Stamford	State CT	Zip Code 06902-8230	Date Received 09/18/2009		
Principal Occupation lawyer	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Suh	First Name H. Anna	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1457	Amount of Contribution
Residential Street Address 15 E 91st St # 12A	City New York	State NY	Zip Code 10128-0648	Date Received 09/18/2009		
Principal Occupation N/A	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$375.00						
Last Name Garon	First Name Ross	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1458	Amount of Contribution
Residential Street Address 330 Madison Ave	City New York	State NY	Zip Code 10017-5001	Date Received 09/18/2009		
Principal Occupation Managing Director	Name of Employer SAC Capital Advisors		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$375.00						
Last Name Jacklin	First Name Michele	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1467	Amount of Contribution
Residential Street Address 460 Tall Timbers Rd	City Glastonbury	State CT	Zip Code 06033-3345	Date Received 09/18/2009		
Principal Occupation College administrator	Name of Employer Trinity College		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Kelly		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1453	Amount of Contribution
Residential Street Address 60 Spring Water Ln		City New Canaan		State CT	Zip Code 06840-6520		Date Received 09/18/2009	
Principal Occupation CTO		Name of Employer SAC Capital			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  \$375.00		  \$375.00

Last Name Conheaney		First Name Thomas		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1454	Amount of Contribution
Residential Street Address 421 Hoyt Farm Rd			City New Canaan		State CT	Zip Code 06840-5049	Date Received 09/18/2009	
Principal Occupation Finance			Name of Employer SAC Capital Advisors LP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

Last Name Markel		First Name Nan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1468	Amount of Contribution
Residential Street Address 79 Courtland Ave Apt 11			City Stamford		State CT	Zip Code 06902-3454	Date Received 09/19/2009	
Principal Occupation retired			Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Ziemann		First Name Kurt		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1459	Amount of Contribution
Residential Street Address PO Box 262		City Chester		State CT	Zip Code 06412-0262		Date Received 09/20/2009	
Principal Occupation warehouse worker		Name of Employer Ceramica Importing			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00		\$5.00



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Mark</b>	First Name <b>Julian</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1461</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>181 Turn of River Rd Apt 13</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905-1336</b>		Date Received <b>09/20/2009</b>
Principal Occupation <b>Retired dentist</b>		Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>Lambiase</b>	First Name <b>Carol</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1470</b>	Amount of Contribution          <b>\$35.00</b>	
Residential Street Address <b>567 Carrington Rd</b>		City <b>Bethany</b>		State <b>CT</b>	Zip Code <b>06524-3158</b>		Date Received <b>09/20/2009</b>
Principal Occupation <b>Union Representative</b>		Name of Employer <b>United Electrical Workers Union</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$35.00</b>
Last Name <b>Giordano</b>	First Name <b>Phillip</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1460</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>54 W North St Apt 305</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-2222</b>		Date Received <b>09/20/2009</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$150.00</b>
Last Name <b>Hoffmann</b>	First Name <b>Henry</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1473</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>29 Valley View Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-3839</b>		Date Received <b>09/21/2009</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name Piurek	First Name Marilyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1462	Amount of Contribution
Residential Street Address 76-2 River St W	City Old Saybrook	State CT	Zip Code 06475-1525	Date Received 09/21/2009		
Principal Occupation Consultant	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Bergstrom	First Name Kip	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1463	Amount of Contribution
Residential Street Address 76-2 River St W	City Old Saybrook	State CT	Zip Code 06475-1525	Date Received 09/21/2009		
Principal Occupation administrator	Name of Employer Stamford Urban Redevelopment Commission		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Lynch	First Name Sharon	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1464	Amount of Contribution
Residential Street Address 77 Knollwood Rd	City Farmington	State CT	Zip Code 06032-1031	Date Received 09/21/2009		
Principal Occupation n/a	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Campbell	First Name Christopher	MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1465	Amount of Contribution
Residential Street Address 5 Hundley Ct Apt 1B	City Stamford	State CT	Zip Code 06902-3923	Date Received 09/21/2009		
Principal Occupation Director of Sales	Name of Employer Juju, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						





**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Goldman		First Name Hillel		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1482	Amount of Contribution
Residential Street Address 32 Laura Dr		City Danbury		State CT	Zip Code 06811-3293		Date Received 09/22/2009	
Principal Occupation Attorney		Name of Employer Mix & Goldman, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	

Last Name Terenzi		First Name Peter		MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1484	Amount of Contribution
Residential Street Address 42 Laurel Wood Dr			City Deep River		State CT	Zip Code 06417-1513	Date Received 09/22/2009	
Principal Occupation N/A			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

Last Name Kehoe		First Name Tom		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1485	Amount of Contribution
Residential Street Address 53 Acorn Ridge Rd		City South Glastonbury		State CT	Zip Code 06073-3501		Date Received 09/22/2009	
Principal Occupation Attorney		Name of Employer Alstom Power Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Banker		First Name Pravin		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1486	Amount of Contribution       \$50.00
Residential Street Address 477 Lake Ave		City Greenwich		State CT	Zip Code 06830-3830	Date Received 09/22/2009		
Principal Occupation Corporate Finance		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09252009A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Blank</b>	First Name <b>Terry</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1491</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>735 Post Rd</b>	City <b>Scarsdale</b>	State <b>NY</b>	Zip Code <b>10583-5009</b>	Date Received <b>09/22/2009</b>			
Principal Occupation <b>Dentist</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>Kornreich</b>	First Name <b>Eva</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1492</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>46 Strathmore Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-4734</b>	Date Received <b>09/22/2009</b>			
Principal Occupation <b>Dance co. director</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Ramos</b>	First Name <b>Maryann</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1544</b>	Amount of Contribution          <b>\$15.00</b>	
Residential Street Address <b>35 Homestead Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-4222</b>	Date Received <b>09/22/2009</b>			
Principal Occupation <b>physician assistant</b>	Name of Employer <b>Bridgeport Hospital</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$15.00</b>
Last Name <b>Barbier</b>	First Name <b>Bury</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1545</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>27 Orlando Ave</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-6409</b>	Date Received <b>09/22/2009</b>			
Principal Occupation <b>Printer Support</b>	Name of Employer <b>United Printer Technology Services</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Lahey</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1546</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>11924 W Forest Hill Blvd # 22-415</b>	City <b>Wellington</b>	State <b>FL</b>	Zip Code <b>33414-6256</b>	Date Received <b>09/22/2009</b>		
Principal Occupation <b>Investor</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>Heaphy</b>	First Name <b>Eileen</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1475</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>247 Hamilton Ave Apt 4</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-3484</b>	Date Received <b>09/22/2009</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>none</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$175.00</b>		
Last Name <b>Costello</b>	First Name <b>Colin</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1531</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>229 Davenport Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-7711</b>	Date Received <b>09/22/2009</b>		
Principal Occupation <b>self employed</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Jervis</b>	First Name <b>William</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1535</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>75 Shennecossett Pkwy</b>	City <b>Groton</b>	State <b>CT</b>	Zip Code <b>06340</b>	Date Received <b>09/22/2009</b>		
Principal Occupation <b>N/A</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		





**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Gaffney</b>	First Name <b>Maureen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1536</b>	Amount of Contribution          <b>\$15.00</b>	
Residential Street Address <b>500 Prospect St Apt 4D</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06511-2166</b>		Date Received <b>09/22/2009</b>
Principal Occupation <b>Editor/Consultant</b>		Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$30.00</b>			
Last Name <b>Anspach</b>	First Name <b>Deidre</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1483</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>948 Valley Rd</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840-2815</b>		Date Received <b>09/22/2009</b>
Principal Occupation <b>Nurse</b>		Name of Employer <b>City of Stamford</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>			
Last Name <b>Mody</b>	First Name <b>Kabir</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1532</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>85 Camp Ave Apt 6E</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06907-1835</b>		Date Received <b>09/22/2009</b>
Principal Occupation <b>Physician</b>		Name of Employer <b>Norwalk Hospital</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>			
Last Name <b>Yantorno</b>	First Name <b>Barbara</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1538</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>86 Middlesex Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820-3722</b>		Date Received <b>09/22/2009</b>
Principal Occupation <b>social worker</b>		Name of Employer <b>City of stamford</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$125.00</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Kelley		First Name James		MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1526		Amount of Contribution	
Residential Street Address 26 Coopers Pond Rd			City Stamford		State CT	Zip Code 06905-3008		Date Received 09/23/2009				
Principal Occupation firefighter			Name of Employer City of Stamford			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222009A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	
												\$50.00

Last Name Vollmer		First Name Edward		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1523	Amount of Contribution
Residential Street Address 322 Hoyt Farm Rd			City New Canaan		State CT	Zip Code 06840-5044	Date Received 09/23/2009	
Principal Occupation Retired			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00

Last Name Welch		First Name Mackenzie		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1519	Amount of Contribution
Residential Street Address 224 Dolphin Cv Quay			City Stamford		State CT	Zip Code 06902-7752	Date Received 09/23/2009	
Principal Occupation student			Name of Employer n/a		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
								\$100.00

Last Name Steinmetz		First Name Shirley		MI W	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1530	Amount of Contribution       \$50.00
Residential Street Address 375 Brimfield Rd		City Wethersfield		State CT	Zip Code 06109-3203	Date Received 09/23/2009		
Principal Occupation NA		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		





**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name Chirillo	First Name Lisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1500	Amount of Contribution
Residential Street Address 34 Deep Spring Ln	City Stamford	State CT	Zip Code 06907-1101	Date Received 09/23/2009		
Principal Occupation controller	Name of Employer Viking Construction		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$375.00						
Last Name Canaan	First Name Emil	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1501	Amount of Contribution
Residential Street Address 264 Dayton Rd	City Trumbull	State CT	Zip Code 06611-1802	Date Received 09/23/2009		
Principal Occupation Project Manager	Name of Employer Viking Construction		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$375.00						
Last Name Keller	First Name Robert	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1503	Amount of Contribution
Residential Street Address 130 Joyce Ct	City Milford	State CT	Zip Code 06461-1817	Date Received 09/23/2009		
Principal Occupation yard foreman	Name of Employer Viking Construction		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$375.00						
Last Name Stenger	First Name Gail	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1504	Amount of Contribution
Residential Street Address 72 Coachlight Sq	City Bridgeport	State CT	Zip Code 06606	Date Received 09/23/2009		
Principal Occupation retired	Name of Employer n/a		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
\$375.00						



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Negron</b>	First Name <b>Jose</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1508</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>41 Hubbard Ave</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905-4806</b>	Date Received <b>09/23/2009</b>		
Principal Occupation <b>electrician</b>	Name of Employer <b>Delmar Electric</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09222009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Okon</b>	First Name <b>Jerry</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1509</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>25 Charles St</b>	City <b>Plantsville</b>	State <b>CT</b>	Zip Code <b>06479-1905</b>	Date Received <b>09/23/2009</b>		
Principal Occupation <b>electrician</b>	Name of Employer <b>Delmar Electrical</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09222009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Hart</b>	First Name <b>Robert</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1510</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>96 Howard Ave</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06519-2811</b>	Date Received <b>09/23/2009</b>		
Principal Occupation <b>Insurance Broker</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09222009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Naber</b>	First Name <b>Awni</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1511</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>1 Mystic Dr</b>	City <b>Ossining</b>	State <b>NY</b>	Zip Code <b>10562-1964</b>	Date Received <b>09/23/2009</b>		
Principal Occupation <b>president/CEO</b>	Name of Employer <b>Naber Electric</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09222009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name D'Errico		First Name Carolyn		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1512		Amount of Contribution	
Residential Street Address 90 Howard Ave			City New Haven		State CT	Zip Code 06519-2811		Date Received 09/23/2009				
Principal Occupation realtor			Name of Employer Realty World Clayton			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00			\$375.00	

Last Name Dickman		First Name Christopher		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1513	Amount of Contribution
Residential Street Address 34 Carousel Dr			City Portland		State CT	Zip Code 06480-1257	Date Received 09/23/2009	
Principal Occupation manager			Name of Employer Cisco LLC		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$375.00

Last Name Fernando C. De Aguiar		First Name Jose		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1514	Amount of Contribution
Residential Street Address 14 Brentwood Rd		City New Milford		State CT	Zip Code 06776-2604		Date Received 09/23/2009	
Principal Occupation electrician		Name of Employer Delmar Electric		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00

Last Name Van Scoy		First Name Lavette		MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1515	Amount of Contribution       \$250.00
Residential Street Address 60 Sequoia Rd		City Bridgeport		State CT	Zip Code 06606-1337		Date Received 09/23/2009	
Principal Occupation HVAC		Name of Employer Controlled Temperatures			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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### B. Itemized Contributions from Individuals

Last Name Cackowski		First Name Stanley		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1516		Amount of Contribution	
Residential Street Address 8 Pepperidge Rd			City Trumbull		State CT	Zip Code 06611-5308		Date Received 09/23/2009				
Principal Occupation sales			Name of Employer Controlled Temperatures Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00		\$250.00		

Last Name Pasko		First Name Lawrence		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1517	Amount of Contribution
Residential Street Address 83 Franklin St		City Danbury		State CT	Zip Code 06810-5402	Date Received 09/23/2009		
Principal Occupation HVAC tech		Name of Employer Controlled Temperatures			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

Last Name Montello		First Name Steven		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1520	Amount of Contribution
Residential Street Address 445 Roxbury Rd		City Stamford		State CT	Zip Code 06902-1123		Date Received 09/23/2009	
Principal Occupation real estate		Name of Employer Property Group		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09222009A</u>				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Fulton		First Name William		MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1521	Amount of Contribution       \$100.00
Residential Street Address 145 W Haviland Ln		City Stamford		State CT	Zip Code 06903-3302	Date Received 09/23/2009		
Principal Occupation consultant		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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### B. Itemized Contributions from Individuals

Last Name Hekking		First Name Darren		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1522		Amount of Contribution	
Residential Street Address 50 Forest St Apt 1018			City Stamford		State CT	Zip Code 06901-1871		Date Received 09/23/2009				
Principal Occupation account manager			Name of Employer Opentext			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00			\$50.00	

Last Name Pascarella		First Name Giovanna		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1524	Amount of Contribution
Residential Street Address 102 Northwood Ln			City Stamford		State CT	Zip Code 06903-4333	Date Received 09/23/2009	
Principal Occupation none			Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Pascarella						First Name Pasquale		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1527		Amount of Contribution	
Residential Street Address 102 Northwood Ln				City Stamford			State CT	Zip Code 06903-4333		Date Received 09/23/2009				
Principal Occupation executive chef/owner				Name of Employer Harbor Drive LLC			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222009A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Tepper		First Name Jay		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1525	Amount of Contribution       \$50.00
Residential Street Address 38 Dads Ln		City Stamford		State CT	Zip Code 06903-2324	Date Received 09/23/2009		
Principal Occupation Export		Name of Employer Self-Employed			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name Miller	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1528	Amount of Contribution
Residential Street Address 50 Glenbrook Rd Apt 14E	City Stamford	State CT	Zip Code 06902-2952	Date Received 09/23/2009		
Principal Occupation Financial Services	Name of Employer Gabelli & Co.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Van Scoy	First Name Michael	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1529	Amount of Contribution
Residential Street Address 273 Derby Ave Unit 505	City Derby	State CT	Zip Code 06418-2086	Date Received 09/23/2009		
Principal Occupation sales manager	Name of Employer Controlled Temperatures, LLC		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Chakravarti	First Name Prakash	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1533	Amount of Contribution
Residential Street Address 184 Idlewood Dr	City Stamford	State CT	Zip Code 06905-2409	Date Received 09/23/2009		
Principal Occupation ENGINEER	Name of Employer CITY OF STAMFORD		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09252009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Dallett	First Name Athenaide	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1534	Amount of Contribution
Residential Street Address PO Box 2006	City Kent	State CT	Zip Code 06757-0640	Date Received 09/23/2009		
Principal Occupation teacher	Name of Employer Kent School		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name <b>Masanotti</b>	First Name <b>Peter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1543</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>48 Lakeside Rd</b>	City <b>Morris</b>	State <b>CT</b>	Zip Code <b>06763-1709</b>	Date Received <b>09/23/2009</b>		
Principal Occupation <b>electrician</b>	Name of Employer <b>Delmar Electric</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09222009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Jackson</b>	First Name <b>Bruce</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1540</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>8 Westminster Ct</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06461-1619</b>	Date Received <b>09/24/2009</b>		
Principal Occupation <b>professional</b>	Name of Employer <b>Bishop, Jackson Kelly LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Perri</b>	First Name <b>Carmine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1541</b>	Amount of Contribution          <b>\$75.00</b>
Residential Street Address <b>157 1/2 Kings Hwy Unit N</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460-8068</b>	Date Received <b>09/24/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Bishop, Jackson, Kelly, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$75.00</b>		
Last Name <b>Johnston</b>	First Name <b>Michael</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1542</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>11 Ambler Ln</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-2701</b>	Date Received <b>09/24/2009</b>		
Principal Occupation <b>CEO</b>	Name of Employer <b>United Way of Western Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Gibbs		First Name Denison		MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1553		Amount of Contribution	
Residential Street Address 236 Harland Rd			City Norwich		State CT	Zip Code 06360-1842		Date Received 09/24/2009				
Principal Occupation retired			Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09232009A</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00			\$50.00	

Last Name Popp		First Name Dennis		MI L	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1555	Amount of Contribution
Residential Street Address 41 Cottage St			City Groton		State CT	Zip Code 06340-3633	Date Received 09/24/2009	
Principal Occupation Mayor			Name of Employer City of Groton			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09232009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Satti		First Name William		MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1556	Amount of Contribution
Residential Street Address 162 Gardner Ave		City New London		State CT	Zip Code 06320-3054	Date Received 09/24/2009		
Principal Occupation Director		Name of Employer Mashantucket Pequot Tribal Nation			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09232009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative						

Last Name Bates		First Name Timothy		MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1557	Amount of Contribution       \$100.00
Residential Street Address 65 Front St		City Groton		State CT	Zip Code 06340-5715	Date Received 09/24/2009		
Principal Occupation Attorney		Name of Employer Robinson & Cole			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09232009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Stanley		First Name William		MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1558	Amount of Contribution
Residential Street Address 17 Meadow Ln		City Norwich		State CT	Zip Code 06360-5240		Date Received 09/24/2009	
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09232009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Levine		First Name Sandra		MI M		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1559		Amount of Contribution	
Residential Street Address 186 Jerry Browne Rd Unit 3508			City Mystic			State CT		Zip Code 06355-4011		Date Received 09/24/2009	
Principal Occupation retired			Name of Employer Retired				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09232009A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		

Last Name Wildman		First Name William		MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1560	Amount of Contribution
Residential Street Address 58 Valley View Dr			City Waterbury		State CT	Zip Code 06708-4827		Date Received 09/24/2009
Principal Occupation carpet sales			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Henry		First Name Robert		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1561	Amount of Contribution
Residential Street Address 56 Sound Beach Ave		City Old Greenwich		State CT	Zip Code 06870-1416		Date Received 09/24/2009	
Principal Occupation manager		Name of Employer Purdue Pharma			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Moser</b>	First Name <b>Irene</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1562</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>123 Downs Ave</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-7802</b>	Date Received <b>09/24/2009</b>		
Principal Occupation <b>project manager</b>	Name of Employer <b>MXenergy</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Lang</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1563</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>98A Black Rock Tpke</b>	City <b>Redding</b>	State <b>CT</b>	Zip Code <b>06896-3027</b>	Date Received <b>09/24/2009</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09212009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Naik</b>	First Name <b>Shailesh</b>	MI <b>R</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1564</b>	Amount of Contribution          <b>\$75.00</b>
Residential Street Address <b>84 Nelson Ave</b>	City <b>Harrison</b>	State <b>NY</b>	Zip Code <b>10528-2934</b>	Date Received <b>09/24/2009</b>		
Principal Occupation <b>president</b>	Name of Employer <b>Charles Manganaro</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09252009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$75.00</b>		
Last Name <b>Reynolds</b>	First Name <b>Joan</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1566</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>23 Idlewood</b>	City <b>Bethel</b>	State <b>CT</b>	Zip Code <b>06801-1471</b>	Date Received <b>09/24/2009</b>		
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Town of Bethel</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name Eisenlohr	First Name Brett	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1567	Amount of Contribution
Residential Street Address 336 Huckleberry Hill Rd	City Avon	State CT	Zip Code 06001-3104	Date Received 09/24/2009		
Principal Occupation Environmental Conservation Police	Name of Employer CT DEP		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name McBride	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1568	Amount of Contribution
Residential Street Address 211 Beacon St	City Newington	State CT	Zip Code 06111-4707	Date Received 09/24/2009		
Principal Occupation sales	Name of Employer mcbride carpet		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Freitas	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1569	Amount of Contribution
Residential Street Address 12 Crest Rd	City Norwalk	State CT	Zip Code 06853-1207	Date Received 09/24/2009		
Principal Occupation writer	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$15.00		
\$15.00						
Last Name Saxena	First Name Renu	MI P	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1570	Amount of Contribution
Residential Street Address 73 Parry Ct	City Stamford	State CT	Zip Code 06907-1018	Date Received 09/24/2009		
Principal Occupation Banker	Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 09252009A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Fulcher Anderson		First Name Josepine		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1571	Amount of Contribution
Residential Street Address 102 Gillies Ln		City Norwalk		State CT	Zip Code 06854-1058	Date Received 09/24/2009		
Principal Occupation Librarian		Name of Employer Ferguson Library			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name <b>Dhingra</b>		First Name <b>Ravi</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1572</b>	Amount of Contribution
Residential Street Address <b>295 Shady Hill Rd</b>			City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824-7345</b>		Date Received <b>09/24/2009</b>
Principal Occupation <b>BUSINESS EXECUTIVE</b>			Name of Employer <b>SPECTRUM INC.</b>			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09252009A</b></u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions  <b>\$50.00</b>	

Last Name Sheridan		First Name Margaret		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1550	Amount of Contribution
Residential Street Address 318 Great Neck Rd		City Waterford		State CT	Zip Code 06385-3819		Date Received 09/24/2009	
Principal Occupation retired professor		Name of Employer Connecticut College			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09232009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$50.00

Last Name Lenkowsky		First Name Steven		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1565	Amount of Contribution
Residential Street Address 31 Cannon St		City Norwalk		State CT	Zip Code 06851-3825		Date Received 09/24/2009	
Principal Occupation Attorney		Name of Employer Cadwalader, Wickersham & Taft LLP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09212009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$375.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Negri</b>	First Name <b>Catherine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1539</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>2 Lanyard Ln</b>	City <b>Waterford</b>	State <b>CT</b>	Zip Code <b>06385-3208</b>	Date Received <b>09/24/2009</b>	
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <b>Holmberg</b>	First Name <b>Gerald</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1554</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>516 Mohegan Pkwy</b>	City <b>Quaker Hill</b>	State <b>CT</b>	Zip Code <b>06375</b>	Date Received <b>09/24/2009</b>	
Principal Occupation <b>physicist</b>	Name of Employer <b>reitred</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>09232009A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	
Last Name <b>Morris</b>	First Name <b>Arline</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1548</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>16 Terrace Ave</b>	City <b>Niantic</b>	State <b>CT</b>	Zip Code <b>06357-3513</b>	Date Received <b>09/24/2009</b>	
Principal Occupation <b>retired</b>	Name of Employer <b>n/a</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>09232009A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	
Last Name <b>O'Hanlan</b>	First Name <b>Edward</b>	MI <b>V</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1602</b>	Amount of Contribution          <b>\$275.00</b>
Residential Street Address <b>453 Carter St</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-5015</b>	Date Received <b>09/25/2009</b>	
Principal Occupation <b>lawyer</b>	Name of Employer <b>Robinson &amp; Cole, LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>09242009A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$275.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name <b>Leydon</b>	First Name <b>Stacey</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1616</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>222 Roxbury Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-1222</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>homemaker</b>	Name of Employer <b>n/a</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>09252009A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$150.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <b>Nichani</b>	First Name <b>Kavya</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1622</b>	Amount of Contribution          <b>\$300.00</b>
Residential Street Address <b>12 Hickory Dr # B</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-4916</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>n/a</b>	Name of Employer <b>n/a</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>09252009A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$300.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <b>Ahuja</b>	First Name <b>Ravi</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1624</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>296 Westover Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-1928</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>Architect</b>	Name of Employer <b>AWA Design Group, PC</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>09252009A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$150.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <b>Smith</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1574</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1 Abbott Rd Apt 7</b>	City <b>Ellington</b>	State <b>CT</b>	Zip Code <b>06029-3863</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>carpenter</b>	Name of Employer <b>Hemlock Construction</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$100.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Melvin		First Name Robert		MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1575		Amount of Contribution	
Residential Street Address 23 Watson Dr			City West Simsbury		State CT	Zip Code 06092-2233		Date Received 09/25/2009				
Principal Occupation attorney			Name of Employer Robinson & Cole LLP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09242009A</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00			\$50.00	

Last Name Greene		First Name David		MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1576	Amount of Contribution
Residential Street Address 341 Great Swamp Rd		City Glastonbury		State CT	Zip Code 06033-1423		Date Received 09/25/2009	
Principal Occupation attorney		Name of Employer Robinson & Cole LLP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09242009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$375.00

Last Name Guanci	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1577	Amount of Contribution                      
Residential Street Address 299 Farmcliff Dr	City Glastonbury	State CT	Zip Code 06033-4185	Date Received 09/25/2009		
Principal Occupation attorney	Name of Employer Robinson & Cole LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09242009A</u>				
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions		
Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00		
					\$100.00	

Last Name Maglio		First Name Michael		MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1578	Amount of Contribution       \$200.00
Residential Street Address 35 Leigh Gate Rd		City Glastonbury		State CT	Zip Code 06033-4174	Date Received 09/25/2009		
Principal Occupation Attorney		Name of Employer Robinson & Cole, LLP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09242009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		



**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Garrison		First Name Joseph		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1583	Amount of Contribution
Residential Street Address 405 Orange St		City New Haven		State CT	Zip Code 06511-6406		Date Received 09/25/2009	
Principal Occupation Attorney		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		\$20.00

Last Name Bhandary-Alexander		First Name Kavita		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1584	Amount of Contribution
Residential Street Address 72 Alden Ave		City New Haven		State CT	Zip Code 06515-2715	Date Received 09/25/2009		
Principal Occupation Lawyer		Name of Employer Garrison et al			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00		\$5.00

Last Name Dematteis		First Name Linda	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1585	Amount of Contribution          \$5.00
Residential Street Address 10 Hickory Ct		City Wallingford		State CT	Zip Code 06492-4372	Date Received 09/25/2009	
Principal Occupation paralegal		Name of Employer Garrison, et al		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00		

Last Name Poth		First Name Christopher		MI a	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1586	Amount of Contribution
Residential Street Address 12 Mansfield Pl			City Darien		State CT	Zip Code 06820-2814	Date Received 09/25/2009	
Principal Occupation real estate/insurance broker			Name of Employer middlesex financial company, llc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name <b>Mayglothling</b>	First Name <b>Paul</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1587</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>78 Sabina Rd</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611-1246</b>	Date Received <b>09/25/2009</b>	
Principal Occupation <b>Clinical social worker</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	
Last Name <b>Kelleher</b>	First Name <b>William</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1588</b>	Amount of Contribution          <b>\$200.00</b>
Residential Street Address <b>189 N Cedar Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-2832</b>	Date Received <b>09/25/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>09242009A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>	
Last Name <b>Lacouture</b>	First Name <b>Peter</b>	MI <b>V</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1589</b>	Amount of Contribution          <b>\$200.00</b>
Residential Street Address <b>75 Summit Rd</b>	City <b>Exeter</b>	State <b>RI</b>	Zip Code <b>02822-1809</b>	Date Received <b>09/25/2009</b>	
Principal Occupation <b>attorney</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>09242009A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>	
Last Name <b>Clasen</b>	First Name <b>Joseph</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1590</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>99 Evergreen Ave</b>	City <b>Bethpage</b>	State <b>NY</b>	Zip Code <b>11714-1530</b>	Date Received <b>09/25/2009</b>	
Principal Occupation <b>attorney</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>09242009A</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>	





**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Daniels</b>	First Name <b>Eric</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1599</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>112 Quail Run</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2737</b>	Date Received <b>09/25/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole, LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09242009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>	
Last Name <b>Zuckernik</b>	First Name <b>James</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1600</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>32 Draper Rd</b>	City <b>Dover</b>	State <b>MA</b>	Zip Code <b>02030-1610</b>	Date Received <b>09/25/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09242009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>	
Last Name <b>Raabe</b>	First Name <b>Craig</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1601</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>446 Bell St</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-1728</b>	Date Received <b>09/25/2009</b>	
Principal Occupation <b>attorney</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09242009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <b>Phillips</b>	First Name <b>Earl</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1603</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>PO Box 265</b>	City <b>Middle Haddam</b>	State <b>CT</b>	Zip Code <b>06456-0265</b>	Date Received <b>09/25/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole, LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09242009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Scheib		First Name Jacqueline		MI P	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1604		Amount of Contribution	
Residential Street Address 32 Arundel Ave			City West Hartford		State CT	Zip Code 06107-1705		Date Received 09/25/2009				
Principal Occupation Attorney			Name of Employer Robinson & Cole			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list Event # <u>09242009A</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00			\$100.00	
Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative												

Last Name Lukingbeal		First Name Eric		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1605	Amount of Contribution
Residential Street Address 168 Day St		City Granby		State CT	Zip Code 06035-1725	Date Received 09/25/2009		
Principal Occupation lawyer		Name of Employer Robinson & Cole			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Hadden		First Name J.C. David		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1606	Amount of Contribution
Residential Street Address 10 Talcott Mountain Rd		City Simsbury		State CT	Zip Code 06070-2515		Date Received 09/25/2009	
Principal Occupation Attorney		Name of Employer Robinson & Cole			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Baker		First Name Frank		MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1607		Amount of Contribution	
Residential Street Address 100 York St # 12-0			City New Haven		State CT	Zip Code 06511-5620		Date Received 09/25/2009				
Principal Occupation Attorney			Name of Employer Robinson & Cole, LLP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09242009A</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00		\$200.00		

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Moran</b>	First Name <b>Brian</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1608</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>43 Marvin Ridge Rd</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-6904</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09242009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Moynihan</b>	First Name <b>Carla</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1609</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>3 Long Ave</b>	City <b>Belmont</b>	State <b>MA</b>	Zip Code <b>02478-2957</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09242009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Smith</b>	First Name <b>Robert</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1610</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>39 Scarborough St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105-1106</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09242009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>McDowell</b>	First Name <b>Linda</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1611</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>35 Old Farms Rd</b>	City <b>Andover</b>	State <b>CT</b>	Zip Code <b>06232-1027</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>lawyer</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09242009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Tobin</b>	First Name <b>Rhonda</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1612</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>4 Anja Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070-1547</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09242009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Merriam</b>	First Name <b>Dwight</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1613</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>80 Latimer Ln</b>	City <b>Weatogue</b>	State <b>CT</b>	Zip Code <b>06089-9747</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>lawyer</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09242009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Kramer</b>	First Name <b>Andrew</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1614</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>98 Club Rd</b>	City <b>Riverside</b>	State <b>CT</b>	Zip Code <b>06878-2032</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09242009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Fishberg</b>	First Name <b>Mitchell</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1615</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>20 Hidden Valley Dr</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067-1729</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Robinson &amp; Cole LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09242009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name <b>Narang</b>	First Name <b>Rakesh</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1617</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1869 Burr St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-1804</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>CEO/Owner</b>	Name of Employer <b>Wire and Plastic Machine</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09252009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Bhat</b>	First Name <b>T.T.</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1618</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1280 Long Ridge Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-4432</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>bank executive</b>	Name of Employer <b>HSBC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09252009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Shah</b>	First Name <b>Hiren</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1619</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>884 S Springfield Ave</b>	City <b>Springfield</b>	State <b>NJ</b>	Zip Code <b>07081-3325</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>finance consultant</b>	Name of Employer <b>Prime Time Capital Funding LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09252009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Mathur</b>	First Name <b>Madhu</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1620</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>105 River W</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-4100</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>physician</b>	Name of Employer <b>Stamford Hospital</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09252009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Patel</b>	First Name <b>Vrunda</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1621</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>27 Meredith Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-4114</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>graphic design</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>09252009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Arya</b>	First Name <b>Harbans</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1623</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>328 Den Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-3806</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>09252009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Ahuja</b>	First Name <b>Sangeeta</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1625</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>98 Lynam Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-4523</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>diabetes educator</b>	Name of Employer <b>Stamford Hospital</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>09252009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Stellini</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1636</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>24300 Genesee Village Rd</b>	City <b>Golden</b>	State <b>CO</b>	Zip Code <b>80401-7034</b>	Date Received <b>09/25/2009</b>		
Principal Occupation <b>Aircraft Maintenance Instructor</b>	Name of Employer <b>United Airlines</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Stellini		First Name Deborah		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1637	Amount of Contribution
Residential Street Address 24300 Genesee Village Rd		City Golden		State CO	Zip Code 80401-7034		Date Received 09/25/2009	
Principal Occupation Speech-Language Pathologist		Name of Employer self-employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	

Last Name Walkley		First Name Nancy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1633	Amount of Contribution
Residential Street Address 9 Hill Cir		City Trumbull		State CT	Zip Code 06611-2064		Date Received 09/25/2009	
Principal Occupation ATTORNEY		Name of Employer First American Title			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name <b>Vaswani</b>		First Name <b>Sunil</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1634</b>	Amount of Contribution
Residential Street Address <b>32 Grenhart Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902-5525</b>	Date Received <b>09/26/2009</b>		
Principal Occupation <b>manager</b>		Name of Employer <b>Super-8</b>			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09252009A</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions  <b>\$100.00</b>	<b>\$100.00</b>

Last Name Akhtar		First Name Saad		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1635	Amount of Contribution
Residential Street Address 29 Van Buren Ave Apt K11		City Norwalk		State CT	Zip Code 06850-3326	Date Received 09/26/2009		
Principal Occupation hospitality		Name of Employer Greenwich Hospitality		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09252009A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Stellini		First Name Jessica		MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1642	Amount of Contribution
Residential Street Address 24300 Genesee Village Rd			City Golden		State CO	Zip Code 80401-7034		Date Received 09/26/2009
Principal Occupation Not Employed			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	

Last Name Detora		First Name Alice		MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1638	Amount of Contribution
Residential Street Address 84 Taylor Rd		City Sterling			State CT	Zip Code 06377-1415	Date Received 09/26/2009	
Principal Occupation attorney		Name of Employer Robinson & Cole			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09242009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00

Last Name Altman		First Name Ann		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1639	Amount of Contribution
Residential Street Address 71 Blake Rd		City Hamden			State CT	Zip Code 06517-3404	Date Received 09/26/2009	
Principal Occupation writer		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		\$10.00

Last Name Appleton		First Name Timothy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1640	Amount of Contribution
Residential Street Address 161 Woodland Dr		City South Windsor		State CT	Zip Code 06074-2337		Date Received 09/26/2009	
Principal Occupation aide		Name of Employer cga			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00
								\$35.00

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Stellini		First Name Daniel		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1641	Amount of Contribution
Residential Street Address 1002 Kingswood Dr Unit E		City Chapel Hill		State NC	Zip Code 27517-9489		Date Received 09/26/2009	
Principal Occupation student		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00

Last Name <b>Ahuja</b>		First Name <b>Dharam Paul</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1626</b>	Amount of Contribution
Residential Street Address <b>98 Lynam Rd</b>			City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-4523</b>	Date Received <b>09/26/2009</b>	
Principal Occupation <b>business</b>			Name of Employer <b>ACS, Inc.</b>			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09252009A</b></u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name Yadav		First Name Chandramohan		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1627	Amount of Contribution       \$50.00
Residential Street Address 71 Strawberry Hill Ave Apt 1116		City Stamford		State CT	Zip Code 06902-2714		Date Received 09/26/2009	
Principal Occupation banking		Name of Employer JP Morgan Chase			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09252009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Abraham		First Name Thomas		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1628	Amount of Contribution
Residential Street Address 100 Briar Brae Rd			City Stamford		State CT	Zip Code 06903-1722	Date Received 09/26/2009	
Principal Occupation market analyst			Name of Employer Innovative Research and Products, Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09252009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Martin</b>	First Name <b>Sarah</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1643</b>	Amount of Contribution          <b>\$375.00</b>	
Residential Street Address <b>2121 Long Ridge Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-2105</b>	Date Received <b>09/26/2009</b>			
Principal Occupation <b>Student</b>	Name of Employer <b>University of Pennsylvania</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$375.00</b>
Last Name <b>Martin</b>	First Name <b>Judith</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1644</b>	Amount of Contribution          <b>\$375.00</b>	
Residential Street Address <b>2121 Long Ridge Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-2105</b>	Date Received <b>09/27/2009</b>			
Principal Occupation <b>Teacher</b>	Name of Employer <b>Stamford Public Schools</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$375.00</b>
Last Name <b>Shaw</b>	First Name <b>Miriam</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1655</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>185 Van Rensselaer Ave</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-8211</b>	Date Received <b>09/27/2009</b>			
Principal Occupation <b>RPT-Business</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$200.00</b>
Last Name <b>Stroker</b>	First Name <b>Eric</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1645</b>	Amount of Contribution          <b>\$15.00</b>	
Residential Street Address <b>PO Box 11</b>	City <b>Morris</b>	State <b>CT</b>	Zip Code <b>06763-0011</b>	Date Received <b>09/27/2009</b>			
Principal Occupation <b>n/a</b>	Name of Employer <b>n/a</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$15.00</b>







**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name Fitzgibbons	First Name Carl	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1651	Amount of Contribution
Residential Street Address 17 Jordan Ln	City Portland	State CT	Zip Code 06480-1620	Date Received 09/28/2009		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Fahey	First Name Marcella	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1652	Amount of Contribution
Residential Street Address 501 High St	City Coventry	State CT	Zip Code 06238-3342	Date Received 09/28/2009		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Gilman	First Name Frederick	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1653	Amount of Contribution
Residential Street Address 14 Michael Dr	City East Hampton	State CT	Zip Code 06424-1884	Date Received 09/28/2009		
Principal Occupation attorney	Name of Employer self-employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Benton-Rzeznik	First Name Zinka	MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1656	Amount of Contribution
Residential Street Address 115 Orcutt Dr	City Guilford	State CT	Zip Code 06437-2295	Date Received 09/28/2009		
Principal Occupation attorney	Name of Employer Carmody & Torrance, LLP	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Buden</b>	First Name <b>Nicholas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1654</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>38 Pinnacle Rd</b>	City <b>Plainville</b>	State <b>CT</b>	Zip Code <b>06062-1430</b>	Date Received <b>09/28/2009</b>		
Principal Occupation <b>electrician</b>	Name of Employer <b>Delmar Electric</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>09222009A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$525.00</b>		
Last Name <b>Lawlor</b>	First Name <b>Michael</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1649</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>560 Silver Sands Rd Unit 412</b>	City <b>East Haven</b>	State <b>CT</b>	Zip Code <b>06512-4658</b>	Date Received <b>09/28/2009</b>		
Principal Occupation <b>Professor</b>	Name of Employer <b>University of New Haven</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$120.00</b>		
Last Name <b>Margolis</b>	First Name <b>Estelle</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1728</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>72 Myrtle Ave</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-3512</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>Architect/Artist</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Greenberg</b>	First Name <b>Arnold</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1665</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>65 Westwood Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-2253</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>Private Investor</b>	Name of Employer <b>Self-Employed</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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### B. Itemized Contributions from Individuals

Last Name Birdwhistell		First Name Nan		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1719	Amount of Contribution
Residential Street Address 16 Cleft Rock Ln		City Woodbridge		State CT	Zip Code 06525-1417		Date Received 09/29/2009	
Principal Occupation Attorney		Name of Employer Murtha, Cullina LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Rickard		First Name Louise		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1682	Amount of Contribution
Residential Street Address 108 Little Brook Dr		City Newington		State CT	Zip Code 06111-5322	Date Received 09/29/2009		
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Graham		First Name Luke		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1723	Amount of Contribution
Residential Street Address 1138 SW Ithaca St		City Port St Lucie		State FL	Zip Code 34983-2540		Date Received 09/29/2009	
Principal Occupation Investor		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	\$50.00

Last Name Smit		First Name Pieter		MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1681	Amount of Contribution
Residential Street Address 109 Silver Hill Ln			City Stamford		State CT	Zip Code 06905-3236		Date Received 09/29/2009
Principal Occupation Analyst			Name of Employer GE			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	

## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
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### B. Itemized Contributions from Individuals

Last Name OSullivan		First Name Patrick		MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1705	Amount of Contribution
Residential Street Address 701 Orange Center Rd			City Orange		State CT	Zip Code 06477-1830		Date Received 09/29/2009
Principal Occupation Town Clerk			Name of Employer Town of Orange			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Sachs		First Name Peter		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1670	Amount of Contribution
Residential Street Address 443 Webbs Hill Rd			City Stamford		State CT	Zip Code 06903-3935	Date Received 09/29/2009	
Principal Occupation Retired			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$250.00

Last Name Percy		First Name Stephen		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1662	Amount of Contribution
Residential Street Address 14 New Shore Rd		City Waterford		State CT	Zip Code 06385-3609		Date Received 09/29/2009	
Principal Occupation Commercial Real Estate		Name of Employer Pequot Commercial			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	\$50.00

Last Name Bernardo		First Name John		MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1710	Amount of Contribution
Residential Street Address 3 Sunflower Cir			City West Haven		State CT	Zip Code 06516-6229	Date Received 09/29/2009	
Principal Occupation fire inspector			Name of Employer New Haven Fire Dept.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$225.00	\$125.00

**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Morrissey</b>	First Name <b>James</b>	MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1709</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>305 Country Hill Dr</b>	City <b>West Haven</b>	State <b>CT</b>	Zip Code <b>06516-5518</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>state marshal</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09292009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$225.00</b>		
Last Name <b>Marcus</b>	First Name <b>Edward</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1694</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>100 Stony Creek Rd</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405-3236</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>self employed</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09292009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Marcus</b>	First Name <b>Jill</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1707</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>100 Stony Creek Rd</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405-3236</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>n/a</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>09292009A</b></u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>MacDonald</b>	First Name <b>Bruce</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1724</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>26 Stanton St</b>	City <b>Pawcatuck</b>	State <b>CT</b>	Zip Code <b>06379-1842</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>public relations consultant</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$75.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Ostuw		First Name Cathleen		MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1673	Amount of Contribution
Residential Street Address 32 Blackberry Dr		City Stamford		State CT	Zip Code 06903-1205		Date Received 09/29/2009	
Principal Occupation retired		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

Last Name Nussbaum		First Name Gloria		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1684	Amount of Contribution
Residential Street Address 29 Dogwood Ln		City Westport			State CT	Zip Code 06880-5022	Date Received 09/29/2009	
Principal Occupation Home		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

Last Name <b>Miela</b>		First Name <b>Pamela</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1661</b>	Amount of Contribution
Residential Street Address <b>106 Williams Crossing Rd</b>		City <b>Lebanon</b>		State <b>CT</b>	Zip Code <b>06249-1339</b>		Date Received <b>09/29/2009</b>	
Principal Occupation <b>realtor</b>		Name of Employer <b>Covenant Realty</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions  <b>\$375.00</b>	<b>\$375.00</b>

Last Name Gately		First Name Patricia		MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1663	Amount of Contribution
Residential Street Address 1422 Main St		City East Hartford		State CT	Zip Code 06108-1613		Date Received 09/29/2009	
Principal Occupation owner - broker real estate		Name of Employer Mariner Realty, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Grudberg		First Name Ira		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1664		Amount of Contribution	
Residential Street Address 350 Orange St			City New Haven			State CT	Zip Code 06511-6403		Date Received 09/29/2009			
Principal Occupation Attorney			Name of Employer Jacobs, Grudberg, Belt, Dow and Katz				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name <b>Kaufman</b>		First Name <b>Mark</b>		MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1666</b>	Amount of Contribution  <b>\$200.00</b>
Residential Street Address <b>25 Crescent St</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06906-1839</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>retired businessman</b>		Name of Employer <b>N/A</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  <b>\$200.00</b>		

Last Name Camhi		First Name Keith		MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1667	Amount of Contribution
Residential Street Address 51 Knobloch Ln		City Stamford		State CT	Zip Code 06902-1701		Date Received 09/29/2009	
Principal Occupation entrepreneur		Name of Employer great play			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Fountain		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1668	Amount of Contribution
Residential Street Address 35 Oakdale Rd			City Stamford		State CT	Zip Code 06906-1414	Date Received 09/29/2009	
Principal Occupation CPA			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Hekking		First Name Shaun		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1669	Amount of Contribution
Residential Street Address 176 W 87th St Apt 3D		City New York		State NY	Zip Code 10024-2902		Date Received 09/29/2009	
Principal Occupation ad sales		Name of Employer nbc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Redniss		First Name Jaime		MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1671	Amount of Contribution
Residential Street Address 78 Old North Stamford Rd		City Stamford		State CT	Zip Code 06905-3961		Date Received 09/29/2009	
Principal Occupation retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00

Last Name Polan		First Name Joshua		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1672	Amount of Contribution
Residential Street Address 87 Fox Glen Dr		City Stamford		State CT	Zip Code 06903-2200		Date Received 09/29/2009	
Principal Occupation executive		Name of Employer w.r. berkley corporation			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00

Last Name Polan		First Name Sharon		MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1679	Amount of Contribution       \$375.00
Residential Street Address 87 Fox Glen Dr		City Stamford		State CT	Zip Code 06903-2200		Date Received 09/29/2009	
Principal Occupation interior designer		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Martin</b>	First Name <b>Rachel</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1674</b>	Amount of Contribution          <b>\$375.00</b>	
Residential Street Address <b>311 E 25th St Apt 4B</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10010-2501</b>	Date Received <b>09/29/2009</b>			
Principal Occupation <b>Engineer</b>	Name of Employer <b>WSP Cantor Seinuk</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$375.00</b>
Last Name <b>Smith</b>	First Name <b>Jan</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1675</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>3 Prospect Ave</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-3512</b>	Date Received <b>09/29/2009</b>			
Principal Occupation <b>not employed</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Edwards</b>	First Name <b>Duncan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1676</b>	Amount of Contribution          <b>\$375.00</b>	
Residential Street Address <b>41 Fairfield Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-4833</b>	Date Received <b>09/29/2009</b>			
Principal Occupation <b>not for profit</b>	Name of Employer <b>five mile capital</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$375.00</b>
Last Name <b>Mead</b>	First Name <b>Marie</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1677</b>	Amount of Contribution          <b>\$375.00</b>	
Residential Street Address <b>37 Orchard St</b>	City <b>Cos Cob</b>	State <b>CT</b>	Zip Code <b>06807-2402</b>	Date Received <b>09/29/2009</b>			
Principal Occupation <b>Homemaker</b>	Name of Employer <b>n/a</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$375.00</b>

## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Kendall		First Name Thomas		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1678	Amount of Contribution
Residential Street Address 301 Tresser Blvd Fl 9			City Stamford		State CT	Zip Code 06901-3250	Date Received 09/29/2009	
Principal Occupation Money Management			Name of Employer Five Mile Capital			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	
<div style="text-align: right;">\$375.00</div>								

Last Name Ward		First Name Matthew		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1680	Amount of Contribution
Residential Street Address 1130 Connecticut Ave NW Ste 300		City Washington		State DC	Zip Code 20036-3981	Date Received 09/29/2009		
Principal Occupation Lawyer		Name of Employer The Ferguson Group		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00
Executive <input type="checkbox"/>		Legislative <input type="checkbox"/>						

Last Name Diamond		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1855	Amount of Contribution
Residential Street Address 360 New Haven Ave		City Milford		State CT	Zip Code 06460-6648		Date Received 09/29/2009	
Principal Occupation President/Owner		Name of Employer Premier Maintenance, Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$375.00

Last Name Bello		First Name George		MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1842	Amount of Contribution          \$375.00
Residential Street Address 164 Mountain Wood Rd		City Stamford		State CT	Zip Code 06903-2113	Date Received 09/29/2009		
Principal Occupation n/a		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name Hogen	First Name Charles	MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1683	Amount of Contribution
Residential Street Address 61 Neptune Ave	City Norwalk	State CT	Zip Code 06854-4823	Date Received 09/29/2009	
Principal Occupation Public Affairs Officer	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	
\$75.00					
Last Name Condon	First Name Lawrence	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1685	Amount of Contribution
Residential Street Address 4 Stonewall Ln	City Monroe	State CT	Zip Code 06468-3228	Date Received 09/29/2009	
Principal Occupation IT Manager	Name of Employer Sikorsky Aircraft	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	
\$5.00					
Last Name Condon	First Name Judith	MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1686	Amount of Contribution
Residential Street Address 4 Stonewall Ln	City Monroe	State CT	Zip Code 06468-3228	Date Received 09/29/2009	
Principal Occupation Accountant	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	
\$5.00					
Last Name Halloran	First Name Robert	MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1687	Amount of Contribution
Residential Street Address 791 Prospect Ave	City Hartford	State CT	Zip Code 06105-4233	Date Received 09/29/2009	
Principal Occupation lawyer	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	
\$375.00					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name DeLibro		First Name Robert		MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1688	Amount of Contribution
Residential Street Address 64 Hickory Knoll Dr			City Easton		State CT	Zip Code 06612-1449		Date Received 09/29/2009
Principal Occupation Realtor/Business Owner			Name of Employer DeLibro Realty Group LLC			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00	\$200.00

Last Name Morris		First Name Robert		MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1689	Amount of Contribution
Residential Street Address 35 Cathlow Dr			City Riverside		State CT	Zip Code 06878-2602	Date Received 09/29/2009	
Principal Occupation private equity			Name of Employer Olympus advisory partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

Last Name Winik		First Name Mark		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1690	Amount of Contribution
Residential Street Address 115 Highland Ave		City Branford		State CT	Zip Code 06405-4760	Date Received 09/29/2009		
Principal Occupation Independent Contractor		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

Last Name Sachs		First Name Howard		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1691	Amount of Contribution
Residential Street Address PO Box 3275		City Branford		State CT	Zip Code 06405-1875		Date Received 09/29/2009	
Principal Occupation contractor		Name of Employer Cherryhill Construction			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09292009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00
								\$250.00





**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Maturo</b>	First Name <b>Catherine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1701</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>294 Hawthorne Ln</b>	City <b>Orange</b>	State <b>CT</b>	Zip Code <b>06477-2932</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>substitute teacher</b>	Name of Employer <b>West Haven Board of Education</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Daniels</b>	First Name <b>John</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1702</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>339 Eastern St Apt B1314</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06513-2444</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Shanley</b>	First Name <b>Robert</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1703</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>219 Currier Dr</b>	City <b>Orange</b>	State <b>CT</b>	Zip Code <b>06477-2921</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>none listed</b>	Name of Employer <b>Nicholson Associates</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Klett</b>	First Name <b>Maureen</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1704</b>	Amount of Contribution          <b>\$350.00</b>
Residential Street Address <b>104 Harold Dr</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111-4220</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>Supervising Nurse Consultant</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$350.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name Klett	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1706	Amount of Contribution
Residential Street Address 104 Harold Dr	City Newington	State CT	Zip Code 06111-4220	Date Received 09/29/2009		
Principal Occupation Director of Security	Name of Employer Town of Newington	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00		
Last Name Klett	First Name Joseph	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1708	Amount of Contribution
Residential Street Address 44 Stoddard Ave	City Newington	State CT	Zip Code 06111-1910	Date Received 09/29/2009		
Principal Occupation CT State Marshall	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00		
Last Name Morris	First Name Bruce	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1711	Amount of Contribution
Residential Street Address 135 Pawson Rd	City Branford	State CT	Zip Code 06405-5035	Date Received 09/29/2009		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Quake	First Name Maureen	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1712	Amount of Contribution
Residential Street Address 192 Shorefront St	City Milford	State CT	Zip Code 06460-5962	Date Received 09/29/2009		
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Nolan</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1713</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>5 Guernsey Ln</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06493-0001</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>State Marshall</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Cappucci</b>	First Name <b>Joseph</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1714</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1 Surrey Dr</b>	City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473-1530</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Illingworth</b>	First Name <b>William</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1715</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>175 S End Rd Unit 21</b>	City <b>East Haven</b>	State <b>CT</b>	Zip Code <b>06512-4556</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>State Marshal</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Spader</b>	First Name <b>Walter</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1716</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>15 Leighton Ct</b>	City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473-1037</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Marcus Law Firm</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Murtha		First Name Holly		MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1722	Amount of Contribution
Residential Street Address 12 Jeremy Dr		City New Fairfield		State CT	Zip Code 06812-2110		Date Received 09/29/2009	
Principal Occupation N/A		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name Sullivan		First Name John		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1725	Amount of Contribution
Residential Street Address 62 Dutton St		City Wallingford			State CT	Zip Code 06492-3202	Date Received 09/29/2009	
Principal Occupation Manager Quality		Name of Employer AT&T			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Adil		First Name Andrew		MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1726	Amount of Contribution
Residential Street Address 944 Ridge Rd		City Wethersfield		State CT	Zip Code 06109-2855		Date Received 09/29/2009	
Principal Occupation Investment Advisor		Name of Employer CM Smith Financial			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Jones		First Name Elizabeth		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1727	Amount of Contribution
Residential Street Address 101 Harrison Ave			City New Canaan		State CT	Zip Code 06840-5804		Date Received 09/29/2009
Principal Occupation gardener			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$15.00	

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Redniss		First Name Robin		MI W	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1729	Amount of Contribution
Residential Street Address 54 Brookhollow Ln			City Stamford		State CT	Zip Code 06902-1015		Date Received 09/29/2009
Principal Occupation teacher			Name of Employer long ridge school			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	

Last Name <b>Brenneman</b>		First Name <b>Russell</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1730</b>	Amount of Contribution
Residential Street Address <b>320 Bayberry Ln</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880-1315</b>	Date Received <b>09/29/2009</b>		
Principal Occupation <b>retired</b>		Name of Employer <b>n/a</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  <b>\$50.00</b>		<b>\$50.00</b>

Last Name Vratna		First Name Hana		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1731	Amount of Contribution
Residential Street Address 950 Cove Rd Apt 1A		City Stamford		State CT	Zip Code 06902-5445		Date Received 09/29/2009	
Principal Occupation Administrator		Name of Employer Five Mile Capital Partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$375.00

Last Name Adkins-Green		First Name Sheryl		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1733	Amount of Contribution
Residential Street Address 4424 Potomac Ave			City Dallas		State TX	Zip Code 75205-2631		Date Received 09/29/2009
Principal Occupation Business			Name of Employer Mary Kay Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	



**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Kruger		First Name Peter		MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1738	Amount of Contribution
Residential Street Address 200 Schermerhorn St Apt 513			City Brooklyn		State NY	Zip Code 11201-5895		Date Received 09/29/2009		
Principal Occupation Business Systems Specialist			Name of Employer Wireless Generation, Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00		\$375.00

Last Name Caraco	First Name Lucio	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1739	Amount of Contribution
Residential Street Address 58 Stone Rd	City Burlington	State CT	Zip Code 06013-2611	Date Received 09/30/2009		
Principal Occupation electrical contractor	Name of Employer Paving Systems	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09292009A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				Aggregate Contributions \$375.00	\$375.00	

Last Name Gaynor		First Name Mark		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1740	Amount of Contribution
Residential Street Address 16 Three Elms Rd		City Branford		State CT	Zip Code 06405-5728		Date Received 09/30/2009	
Principal Occupation clinical social worker		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00		\$350.00

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**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Laydon</b>	First Name <b>L. Christine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1742</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>16 Forest Glen Dr</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525-1449</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>treasurer</b>	Name of Employer <b>Laydon Industries</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Laydon</b>	First Name <b>Elmer</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1743</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>16 Forest Glen Dr</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525-1449</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>President</b>	Name of Employer <b>Elmer F. Laydon Construction</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Hersh</b>	First Name <b>Arthur</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1744</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>1 Oak Bluff Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825-1236</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>builder/developer</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Ryan</b>	First Name <b>Jill</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1745</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>28 Castle Rock</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405-4459</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Home Maker</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09292009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		





**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Murkette</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1753</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>50 Whiting Ln</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119-1641</b>	Date Received <b>09/30/2009</b>	
Principal Occupation <b>energy consultant</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <b>Bildner</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1755</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>64 Deep Valley Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-2726</b>	Date Received <b>09/30/2009</b>	
Principal Occupation <b>Vice President</b>	Name of Employer <b>Bildner Capital Corp.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>	
Last Name <b>Boas</b>	First Name <b>Andrew</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1757</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>74 Morningside Dr S</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-5415</b>	Date Received <b>09/30/2009</b>	
Principal Occupation <b>Inv. Manager</b>	Name of Employer <b>Carl Marks &amp; Co, Inc.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>	
Last Name <b>Mohib</b>	First Name <b>Mona</b>	MI <b>G</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1758</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>616 E St Apt 712</b>	City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20004-2273</b>	Date Received <b>09/30/2009</b>	
Principal Occupation <b>Consultant</b>	Name of Employer <b>McGuireWoods Consulting, LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Martin</b>	First Name <b>Janet</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1760</b>	Amount of Contribution          <b>\$375.00</b>	
Residential Street Address <b>622 Huntington Rd</b>		City <b>Kansas City</b>		State <b>MO</b>	Zip Code <b>64113-1342</b>		Date Received <b>09/30/2009</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$375.00</b>
Last Name <b>Martin</b>	First Name <b>Lee</b>	MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1761</b>	Amount of Contribution          <b>\$375.00</b>	
Residential Street Address <b>622 Huntington Rd</b>		City <b>Kansas City</b>		State <b>MO</b>	Zip Code <b>64113-1342</b>		Date Received <b>09/30/2009</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$375.00</b>
Last Name <b>Nesin</b>	First Name <b>Merritt</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1762</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>118 Gary Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-4829</b>		Date Received <b>09/30/2009</b>
Principal Occupation <b>Engineer</b>		Name of Employer <b>Self Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Fuhrman</b>	First Name <b>Edward</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1763</b>	Amount of Contribution          <b>\$150.00</b>	
Residential Street Address <b>186 Overbrook Dr</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06906-1017</b>		Date Received <b>09/30/2009</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>n/a</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$150.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name <b>Gold</b>	First Name <b>Leo</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1764</b>	Amount of Contribution
Residential Street Address <b>143 Hoyt St Apt 5F</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905-5745</b>	Date Received <b>09/30/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Benjamin &amp; Gold</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name Mackiewicz	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1765	Amount of Contribution
Residential Street Address 10 E Scard Rd	City Wallingford	State CT	Zip Code 06492-2708	Date Received 09/30/2009	
Principal Occupation Salesman	Name of Employer Harty Press	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Aggregate Contributions \$100.00
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$100.00		

Last Name Byrne		First Name Kyle		MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1766	Amount of Contribution
Residential Street Address 50 Wacona Ave Apt 2D		City Waterbury		State CT	Zip Code 06705-1243		Date Received 09/30/2009	
Principal Occupation electrician		Name of Employer Delmar Electric			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09222009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$375.00

Last Name LoMonte		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1769	Amount of Contribution
Residential Street Address 39 W Wynd Ter		City Middletown		State CT	Zip Code 06457-8729		Date Received 09/30/2009	
Principal Occupation Real Estate Appraiser/Broker		Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00

## I. MONETARY RECEIPTS (Section A-I)

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### B. Itemized Contributions from Individuals

Last Name Lomonte		First Name Teresa		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1770		Amount of Contribution	
Residential Street Address 39 W Wynd Ter			City Middletown			State CT	Zip Code 06457-8729		Date Received 09/30/2009			
Principal Occupation office clerk			Name of Employer self				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09292009A</u> <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$375.00		\$375.00	

Last Name Zampelli		First Name Debra		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1771	Amount of Contribution
Residential Street Address 19 Munson Ave			City Waterbury		State CT	Zip Code 06705-2333	Date Received 09/30/2009	
Principal Occupation coder			Name of Employer Connecticut Ear, Nose and Throat		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09222009A</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$375.00

Last Name Warner		First Name Guy		MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1773	Amount of Contribution
Residential Street Address 2248 49th St NW			City Washington		State DC	Zip Code 20007-1057	Date Received 09/30/2009	
Principal Occupation Economist			Name of Employer Pareto Energy LTD		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		

Last Name Brown		First Name Kenneth		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1775	Amount of Contribution
Residential Street Address 4713 Trent Ct		City Chevy Chase		State MD	Zip Code 20815-5516		Date Received 09/30/2009	
Principal Occupation Consultant		Name of Employer The Ferguson Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$375.00	\$375.00

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Droney		First Name Nuala		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1777		Amount of Contribution	
Residential Street Address 51 Lemay St			City West Hartford		State CT	Zip Code 06107-3026		Date Received 09/30/2009				
Principal Occupation Attorney			Name of Employer Robinson & Cole			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00			\$50.00	

Last Name Holloway		First Name Gary		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1778		Amount of Contribution	
Residential Street Address 707 West Rd			City New Canaan			State CT		Zip Code 06840-2518		Date Received 09/30/2009	
Principal Occupation Investment Mgmt.			Name of Employer Five Mile Capital, LLC.			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	
\$375.00											

Last Name Cormford		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1779	Amount of Contribution
Residential Street Address 28 South St		City Collinsville		State CT	Zip Code 06019-3165		Date Received 09/30/2009	
Principal Occupation Associate Director		Name of Employer Oppenheimer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Dorsey		First Name Heather		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1780	Amount of Contribution       \$25.00
Residential Street Address 200 Bloomfield Ave Ofc		City West Hartford		State CT	Zip Code 06117	Date Received 09/30/2009		
Principal Occupation Clerk		Name of Employer State of CT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name <b>Mallory</b>	First Name <b>Charles</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1781</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>2187 Atlantic St</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-6880</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>shipbroker</b>	Name of Employer <b>MJLf</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
Last Name <b>Tittle</b>	First Name <b>Shawn</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1782</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>147 Hoop Pole Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798-1926</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>surgeon</b>	Name of Employer <b>Danbury Hospital</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Lachs</b>	First Name <b>Stuart</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1783</b>	Amount of Contribution          <b>\$350.00</b>
Residential Street Address <b>100 Old Farm Rd S</b>	City <b>Pleasantville</b>	State <b>NY</b>	Zip Code <b>10570-1523</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Architect</b>	Name of Employer <b>Perkins Eastman</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$350.00</b>		
Last Name <b>Seth</b>	First Name <b>William</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1784</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>6705 Royal Thomas Way</b>	City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22315-5900</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Federal Affairs</b>	Name of Employer <b>The Ferguson Group</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Maze</b>	First Name <b>Valerie</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1790</b>	Amount of Contribution          <b>\$75.00</b>	
Residential Street Address <b>1465 E Putnam Ave Apt 127</b>		City <b>Old Greenwich</b>		State <b>CT</b>	Zip Code <b>06870-1330</b>		Date Received <b>09/30/2009</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Town of Greenwich</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$75.00</b>			
Last Name <b>Pol</b>	First Name <b>Jose</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1791</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>1114 Noble Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06608-1024</b>		Date Received <b>09/30/2009</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>			
Last Name <b>D'Amato</b>	First Name <b>Tina</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1792</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>135 Elm St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604-4118</b>		Date Received <b>09/30/2009</b>
Principal Occupation <b>lawyer</b>		Name of Employer <b>self, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>			
Last Name <b>D'Amato</b>	First Name <b>Nicholas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1793</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>PO Box 8181</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06530-0181</b>		Date Received <b>09/30/2009</b>
Principal Occupation <b>lawyer</b>		Name of Employer <b>The Law Office of Tina Syper D'Amato, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>			



**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Skiber		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1794		Amount of Contribution	
Residential Street Address 955 Main St			City Bridgeport		State CT	Zip Code 06604-4300		Date Received 09/30/2009				
Principal Occupation attorney			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00	

Last Name Brown		First Name Sefton		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1795		Amount of Contribution	
Residential Street Address 33 Coleman St Apt A4			City Bridgeport			State CT		Zip Code 06604-3421		Date Received 09/30/2009	
Principal Occupation attorney			Name of Employer self employed			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	
\$50.00											

Last Name Quartermain		First Name Linda		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1796	Amount of Contribution
Residential Street Address 11 Glen Holw		City West Hartford		State CT	Zip Code 06117-3023	Date Received 09/30/2009		
Principal Occupation lawyer		Name of Employer Pepe & Hazard LLP, Chubb Inc.			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09302009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$100.00
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Last Name Jones		First Name Curtis		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1798	Amount of Contribution          \$100.00
Residential Street Address 17 River Bend Dr		City Woodbury		State CT	Zip Code 06798-2730	Date Received 09/30/2009		
Principal Occupation civil engineer		Name of Employer Civil 1			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09302009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		



## I. MONETARY RECEIPTS (Section A-I)

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### B. Itemized Contributions from Individuals

Last Name Quicquaro		First Name Elaine		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1805		Amount of Contribution
Residential Street Address 165 Plainfield Dr		City Oakville		State CT	Zip Code 06779-2340		Date Received 09/30/2009		
Principal Occupation teacher		Name of Employer Cheshire BOE			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09302009A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00

Last Name O'Connor		First Name Evelyn		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1806	Amount of Contribution
Residential Street Address 222 Bayberry Dr			City Thomaston		State CT	Zip Code 06787-1082		Date Received 09/30/2009
Principal Occupation retired			Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09302009A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Longo		First Name Elio		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1807	Amount of Contribution
Residential Street Address 83 Bella Vista Dr		City Watertown		State CT	Zip Code 06795-1363		Date Received 09/30/2009	
Principal Occupation Danbury Public Schools		Name of Employer Director of Finance		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09302009A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Aggregate Contributions \$100.00	\$100.00

Last Name Curran		First Name Kenneth		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1808	Amount of Contribution
Residential Street Address 16 Hard Hill Rd N		City Bethlehem		State CT	Zip Code 06751-1517		Date Received 09/30/2009	
Principal Occupation US House Of Rep.		Name of Employer Dir. Of Out Reach		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09302009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00
								\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Albini		First Name Angelo		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1809	Amount of Contribution
Residential Street Address 86 Three Mile Hill Rd			City Waterbury		State CT	Zip Code 06708		Date Received 09/30/2009
Principal Occupation construction			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09302009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
								\$100.00

Last Name Corcoran		First Name Jeff		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1810	Amount of Contribution
Residential Street Address 340 Middlebury Rd		City Middlebury		State CT	Zip Code 06762-2601		Date Received 09/30/2009	
Principal Occupation real estate sales		Name of Employer Weickert Realtors HP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09302009A</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name <b>Napiello</b>		First Name <b>John</b>		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1811</b>	Amount of Contribution
Residential Street Address <b>24 Williams Dr</b>		City <b>Prospect</b>		State <b>CT</b>	Zip Code <b>06712-1342</b>		Date Received <b>09/30/2009</b>	
Principal Occupation <b>police officer</b>		Name of Employer <b>City of Waterbury</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>09302009A</b></u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$50.00</b>		<b>\$50.00</b>

Last Name Lawlor		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1812	Amount of Contribution
Residential Street Address 200 Southwest Rd		City Waterbury		State CT	Zip Code 06708-3214		Date Received 09/30/2009	
Principal Occupation Retired		Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>09302009A</u>				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00



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**B. Itemized Contributions from Individuals**

Last Name <b>Vaz</b>	First Name <b>John</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1818</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>380 Hitchcock Rd Unit 263</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06705-3963</b>	Date Received <b>09/30/2009</b>	
Principal Occupation <b>n/a</b>	Name of Employer <b>retired</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09302009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <b>Riddick</b>	First Name <b>Vernon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1819</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>81 Mountain Laurel Dr</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06704-1266</b>	Date Received <b>09/30/2009</b>	
Principal Occupation <b>City of Waterbury</b>	Name of Employer <b>dept. chief of police</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09302009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	
Last Name <b>Slavin</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1820</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>12 Rolling Ridge Ct</b>	City <b>Prospect</b>	State <b>CT</b>	Zip Code <b>06712-1737</b>	Date Received <b>09/30/2009</b>	
Principal Occupation <b>City of Waterbury</b>	Name of Employer <b>law enforcement</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09302009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	
Last Name <b>Corbett</b>	First Name <b>Christopher</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1821</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>17 Kenfield Ln</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06708-1508</b>	Date Received <b>09/30/2009</b>	
Principal Occupation <b>Police Officer</b>	Name of Employer <b>City Of Waterbury</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09302009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Hobart</b>	First Name <b>Brian</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1826</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>27 State St</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06702-1901</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>State Marshall</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09302009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Belinkie</b>	First Name <b>Benjamin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1827</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>955 Main St Apt 707</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604-4336</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09302009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Ubaldi</b>	First Name <b>Joseph</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1828</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>94 Clough Rd</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06708-1800</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>consultant</b>	Name of Employer <b>Self Employed</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09302009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Gardino</b>	First Name <b>Jerry</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1829</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1940 E Main St</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06705-1815</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Owner</b>	Name of Employer <b>Garmac Screw Machines</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09302009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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**B. Itemized Contributions from Individuals**

Last Name <b>Lanza</b>	First Name <b>Charles</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1830</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>27 Homewood Pl</b>	City <b>Wolcott</b>	State <b>CT</b>	Zip Code <b>06716-2543</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>sole proprietor</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>09302009A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Glicksman</b>	First Name <b>Jeanette</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1833</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>1097 Johnson Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525-2618</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Town of Woodbridge</b>	Name of Employer <b>Registrar of Voters</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>Masselli</b>	First Name <b>Mark</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1834</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>110 Washington St</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457-2818</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>executive</b>	Name of Employer <b>Community Health Center, Inc.</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Barker</b>	First Name <b>Mary Lee</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1835</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>18 Lorraine Dr</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525-2417</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Deputy Registrar</b>	Name of Employer <b>Town of Woodbridge</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Shapiro</b>	First Name <b>Adele</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1841</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>58 Ansonia Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525-2607</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>n/a</b>	Name of Employer <b>retired</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Coffey</b>	First Name <b>Patricia</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1720</b>	Amount of Contribution          <b>\$15.00</b>
Residential Street Address <b>26 Blake Ave</b>	City <b>Clinton</b>	State <b>CT</b>	Zip Code <b>06413-2331</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$15.00</b>		
Last Name <b>Pullano</b>	First Name <b>Holly</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1843</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>64 Bradley St</b>	City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473-1444</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>n/a</b>	Name of Employer <b>student</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>09292009A</b>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Lenoci</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1844</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>18 The Circle</b>	City <b>Easton</b>	State <b>CT</b>	Zip Code <b>06612-2015</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>developer</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>10082009A</b>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		





**I. MONETARY RECEIPTS (Section A-I)**

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Dan Malloy For Connecticut (CT)	Original 10/13/2009

**B. Itemized Contributions from Individuals**

Last Name <b>Santoro</b>	First Name <b>Glenn</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1856</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>26 Wyndham Ln</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032-2758</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>09242009A</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$375.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <b>Ferguson</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1774</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>1130 Connecticut Ave NW Ste 300</b>	City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-3981</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>consultant</b>	Name of Employer <b>the ferguson group</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$375.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <b>Wells</b>	First Name <b>Douglas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1749</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>18 Lakewood Cir N</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-7119</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>lawyer</b>	Name of Employer <b>self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$375.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <b>Buck</b>	First Name <b>Karen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1776</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>37 Westwood Dr</b>	City <b>Waterford</b>	State <b>CT</b>	Zip Code <b>06385-3826</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>RN/Director</b>	Name of Employer <b>Lawrence &amp; Memorial Hospital</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$250.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**I. MONETARY RECEIPTS (Section A-I)**

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### B. Itemized Contributions from Individuals

Last Name Stanley		First Name William		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1772	Amount of Contribution
Residential Street Address 37 Westwood Dr		City Waterford		State CT	Zip Code 06385-3826		Date Received 09/30/2009	
Principal Occupation VP, Development		Name of Employer Lawrence & Memorial Hospital			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	

Last Name Yamin	First Name Joseph	MI P	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1800	Amount of Contribution
Residential Street Address 394 Watertown Rd		City Middlebury		State CT	Zip Code 06762-1507	Date Received 09/30/2009
Principal Occupation attorney		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09302009A</u> <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					Aggregate Contributions \$350.00	\$100.00

Last Name D'Orso		First Name Joseph		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1797	Amount of Contribution
Residential Street Address 20 America St		City Waterbury		State CT	Zip Code 06708-4109		Date Received 09/30/2009	
Principal Occupation sales		Name of Employer Sanofi-Aventis		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09302009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00		\$50.00

Last Name D'Orso		First Name Joseph		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1832	Amount of Contribution       \$50.00
Residential Street Address 20 America St		City Waterbury		State CT	Zip Code 06708-4109	Date Received 09/30/2009		
Principal Occupation sales		Name of Employer Sanofi-Aventis			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09302009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00	

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name D'Orso	First Name Christian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1799	Amount of Contribution
Residential Street Address 78 Arline Dr	City Waterbury	State CT	Zip Code 06705-3503	Date Received 09/30/2009		
Principal Occupation Consultant	Name of Employer J. DAmelia & Associates		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09302009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		
Last Name Crozier	First Name James	MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1752	Amount of Contribution
Residential Street Address 975 Still Hill Rd	City Hamden	State CT	Zip Code 06518-1108	Date Received 09/30/2009		
Principal Occupation Accountant	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00		
Last Name Pinto	First Name Antonio	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1831	Amount of Contribution
Residential Street Address 35 Field St Fl 3	City Waterbury	State CT	Zip Code 06702-1925	Date Received 09/30/2009		
Principal Occupation Account Executive	Name of Employer UnitedHealthcare		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09302009A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		
Last Name Curry	First Name Carolanne	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1756	Amount of Contribution
Residential Street Address 29 Hiawatha Lane Ext	City Westport	State CT	Zip Code 06880-5812	Date Received 09/30/2009		
Principal Occupation Mayor's staff	Name of Employer City of Bridgeport		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$425.00		



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Wagner</b>	First Name <b>Carl</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1768</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>28 Caruso Dr</b>	City <b>Watertown</b>	State <b>CT</b>	Zip Code <b>06795-3069</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>operations manager</b>	Name of Employer <b>Delmar Electric</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09222009A</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$575.00</b>		
Last Name <b>Nielsen</b>	First Name <b>Deborah</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1750</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>205 Round Hill Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-3324</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>housewife</b>	Name of Employer <b>n/a</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>		
Last Name <b>Curtin</b>	First Name <b>Fay</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1754</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>328 Ocean Dr E</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-8239</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Artist</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Jones-Bronin</b>	First Name <b>R. Elaine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1857</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>11 Windabout Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-3702</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>art</b>	Name of Employer <b>self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$750.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name <b>Barbarotta</b>	First Name <b>Sharon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1851</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>28 Unity Dr</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611-4929</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>invitations business</b>	Name of Employer <b>Facility Manager</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>10082009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$350.00</b>		
Last Name <b>Brown</b>	First Name <b>Timothy</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1767</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>21 Pearl St</b>	City <b>Plainville</b>	State <b>CT</b>	Zip Code <b>06062-2721</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>electrician</b>	Name of Employer <b>Delmar Electric</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09222009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$525.00</b>		
Last Name <b>Zdrojeski</b>	First Name <b>Ronald</b>	MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1845</b>	Amount of Contribution          <b>\$375.00</b>
Residential Street Address <b>47 Papermill Rd</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073-2332</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09242009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$750.00</b>		
Last Name <b>Cullinan</b>	First Name <b>Edmond</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1817</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>45 Forest Ridge Rd</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06708-1807</b>	Date Received <b>09/30/2009</b>		
Principal Occupation <b>Purchasing Manager</b>	Name of Employer <b>Hamilton Soundstrand</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>09302009A</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### B. Itemized Contributions from Individuals

Last Name Heller		First Name Beth		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1839	Amount of Contribution
Residential Street Address 6 Hunters Rdg		City Woodbridge		State CT	Zip Code 06525-1942		Date Received 09/30/2009	
Principal Occupation Town of Woodbridge Board of Selectman		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00	

Last Name Olson		First Name Jill		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1759	Amount of Contribution
Residential Street Address 44 Mayo Ave		City Greenwich		State CT	Zip Code 06830-7022	Date Received 09/30/2009		
Principal Occupation homemaker		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		\$375.00

Last Name De Toledo		First Name Victoria		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1785	Amount of Contribution
Residential Street Address 72 Seir Hill Rd			City Wilton		State CT	Zip Code 06897-4207	Date Received 09/30/2009	
Principal Occupation attorney			Name of Employer casper & de toledo			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

<b>Total of Section B</b>	<b>\$103,598.00</b>
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<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A & B)	(Total on Line 14 of Summary Page)	<b>\$103,598.00</b>
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Connecticut (CT)					Original 10/13/2009	
<b>C1. Contributions from Other Committees</b>						
Name of Committee Manus PAC				Name of Treasurer David D. McCluskey		
Address 251 Westport Ter		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City West Hartford	State CT	Zip Code 06107	Date Received 09/28/2009	Aggregate Contributions \$375.00	\$375.00	
Name of Committee Democrats For Southeastern Connecticut				Name of Treasurer Joseph M. Filippetti		
Address 11 Hillcrest Dr		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Waterford	State CT	Zip Code 06385	Date Received 09/30/2009	Aggregate Contributions \$375.00	\$375.00	
Name of Committee Leadership In Action				Name of Treasurer Jacquelin B. Heftman		
Address PO Box 16878		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Stamford	State CT	Zip Code 06905	Date Received 09/30/2009	Aggregate Contributions \$375.00	\$375.00	
<b>Total of Section C1</b>					<b>\$1,125.00</b>	

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Dan Malloy For Connecticut (CT)				Original 10/13/2009
<b>C2. Reimbursements or Payments from other Committees</b>				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				FILING DUE DATE		
Dan Malloy For Connecticut (CT)				Original 10/13/2009		
<b>D. Loans Received this Period</b>						
Name of Lender				Source of Loan:  Bank  Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		
<b>Total of Section D</b>						

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE		FILING DUE DATE
Dan Malloy For Connecticut (CT)		Original 10/13/2009
<b>E. Personal Funds of the Candidate Received this Period</b>		
Date Received	Amount	Method of Payment Cash                      Personal Check                      Credit/Debit Card
		<b>Total of Section E</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE
Dan Malloy For Connecticut (CT)					Original 10/13/2009
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					



**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE				FILING DUE DATE	
Dan Malloy For Connecticut (CT)				Original 10/13/2009	
<b>G. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Total Amount Received
Street Address		City	State	Zip Code	
<b>Total of Section G</b>					

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Dan Malloy For Connecticut (CT)			Original 10/13/2009
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE			FILING DUE DATE	
Dan Malloy For Connecticut (CT)			Original 10/13/2009	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
<b>Total of Section I</b>				

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser 07/21/2009	Letter A	Description Cocktail Event	Location: Street Address 112 Bedford St	City Stamford	State CT	Zip Code 06901
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was this fundraiser a tag sale, auction, or other sale of donated items?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Fundraising Event # Date of Fundraiser 09/21/2009	Letter A	Description Cocktail Event	Location: Street Address 201 Tresser Blvd	City Stamford	State CT	Zip Code 06901-3435
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was this fundraiser a tag sale, auction, or other sale of donated items?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Fundraising Event # Date of Fundraiser 09/22/2009	Letter A	Description Cocktail Event	Location: Street Address 183 Harbor Dr	City Stamford	State CT	Zip Code 06902-7405
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was this fundraiser a tag sale, auction, or other sale of donated items?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Fundraising Event # Date of Fundraiser 09/23/2009	Letter A	Description Cocktail Event	Location: Street Address 37 Westwood Dr	City Waterford	State CT	Zip Code 06385-3826
Was this fundraising event hosted at a personal residence?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was this fundraiser a tag sale, auction, or other sale of donated items?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Fundraising Event # Date of Fundraiser 09/24/2009	Letter A	Description Cocktail Event	Location: Street Address 280 Trumbull St	City Hartford	State CT	Zip Code 06103-3509
Was this fundraising event hosted at a personal residence?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was this fundraiser a tag sale, auction, or other sale of donated items?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser 09/25/2009	Description Letter A Cocktail Event	Location: Street Address 26 Mill River St	City Stamford	State CT	Zip Code 06902-3726
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Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser 09/29/2009	Description Letter A Cocktail Event	Location: Street Address 100 Stony Creek Rd	City Branford	State CT	Zip Code 06405-3236
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Was this fundraising event hosted at a personal residence? ☒ Yes ☐ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser 09/30/2009	Description Letter A Cocktail Event	Location: Street Address 1 Oronoke Rd	City Waterbury	State CT	Zip Code 06708-3314
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Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser 10/08/2009	Description Letter A Cocktail Event	Location: Street Address 377 N State St	City Stamford	State CT	Zip Code 06901-3827
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Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser    Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </div>				Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							

**Total of Section J2**

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor Mr. William A. Stanley					Donation Given by: <input checked="checked" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation
Street Address 37 Westwood Dr		City Waterford		State CT	Zip Code 06385-3826  Aggregate value for this event \$385.00		
Description of Donation for houseparty on 9/23/2009				Date Received 09/29/2009	Event # 092309A		
							\$385.00

**Total of Section J3**

**\$385.00**

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

#### K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution	
Street Address		City					State
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?				Yes
Individual		No	If yes, indicate which branch or branches of government the contract is with:				No
Committee			Executive			Legislative	
Is this contribution associated with a fundraising event listed in Section 11?		Yes	Description of In-Kind Contribution			Aggregate contributions	
If yes, list Event#		No					

**Total of Section K**



### III. Non Monetary Receipts

NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Connecticut (CT)					Original 10/13/2009	
<b>L. Refundable Deposit to Telephone Company</b>						
Last Name ( Individuals Only )		First Name		MI	Date Received	Amount of Deposit
Street Address		City	State	Zip Code		
Name of Telephone company						
Street Address		City		State	Zip Code	
<b>Total of Section L</b>						

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Dan Malloy For Connecticut (CT)				Original 10/13/2009	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure A          B          C          D          E			
Total of Section M					

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Connecticut (CT)						Original 10/13/2009	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					07/01/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$697.25
Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					07/02/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$15.00
Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press, Inc.					07/02/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1135</u> <input type="checkbox"/> Debit Card		
PO Box 324	New Haven	CT	06513-0324	PRNT			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,000.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press, Inc.					07/02/2009	<input checked="checked" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1133</u>	
PO Box 324		New Haven	CT	06513-0324	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="checked" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$611.20							

Name of Payee					Date of Payment	Method of Payment	Amount
Enovai, Inc.					07/02/2009	<input checked="checked" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1136</u>	
1131 Tolland Tpke Ste O		Manchester	CT	06042-1679	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="checked" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$14,000.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					07/03/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="checked" type="checkbox"/> Debit Card	
215 Oxford St		Hartford	CT	06105-2249	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="checked" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$1,653.84							



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					07/08/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3635 Ruffin Rd Fl 3		San Diego	CA	92123-1880	OVHD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$500.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Clarke American Checks, Inc.					07/08/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
10931 Laureate Dr		San Antonio	TX	78249-3350	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$66.92
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Charles Firlotte					07/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1140</u> <input type="checkbox"/> Debit Card	
1182 Prospect Dr		Stratford	CT	06615-7946	REF		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$375.00
<input checked="" type="checkbox"/> No							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Henry Ashforth III					07/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1137</u>	
22 Spectacle Ln		Ridgefield	CT	06877-5714	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
							\$375.00

Name of Payee					Date of Payment	Method of Payment	Amount
William Fitzpatrick IV					07/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1141</u>	
61 Pleasant St		Waterbury	CT	06706-1326	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
							\$375.00

Name of Payee					Date of Payment	Method of Payment	Amount
Harris Simons					07/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1150</u>	
12 Brenway Dr		West Hartford	CT	06117-3054	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
							\$375.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Mr. Bruce Simons				07/08/2009	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1146</u>	
3 Squirrel Hill Rd	West Hartford	CT	06107-1004	REF	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$375.00

Name of Payee						Date of Payment	Method of Payment	Amount
Juan Velez						07/08/2009	<input checked="" type="checkbox"/> Check #  1149	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
42 Forest Lawn Ave		Stamford	CT	06905-4305	REF			
Description							Event #	
<div style="display: flex; justify-content: space-between;"> <span>Is this expenditure coordinated with another candidate for which reimbursement is sought?</span> <span>Other Candidate(s) Name</span> <span>Office Sought</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         </div>								

Name of Payee				Date of Payment	Method of Payment	Amount
Sharon Phillips				07/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1145</u>	
6 Hycliff Rd	Greenwich	CT	06831-3223	FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		\$1,189.00



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Columbus Park Trattoria					07/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1138</u>	
205 Main St		Stamford	CT	06901-2918	FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$1,500.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Kagan Architecture and Planning					07/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1143</u>	
370 James St Ste 401		New Haven	CT	06513-3091	FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$179.94							
Name of Payee					Date of Payment	Method of Payment	Amount
Mr. Stanton Lesser					07/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1144</u>	
85 Split Rock Rd # 219		Southport	CT	06890-1266	FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$127.00							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## N. Expenses Paid By Committee

Name of Payee <b>Barbara Garvin-Kester</b>					Date of Payment <b>07/08/2009</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1142</b>	Amount          <b>\$100.00</b>
Street Address <b>50 Forest St</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06901-1848</b>	Purpose of Expenditure <b>REF</b>	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Mr. Robert A Simons</b>					Date of Payment <b>07/08/2009</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1148</b>	Amount          <b>\$375.00</b>
Street Address <b>115 High Ridge Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-1815</b>	Purpose of Expenditure <b>REF</b>	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Paychex</b>					Date of Payment <b>07/10/2009</b>	Method of Payment <input type="checkbox"/> Check # <b>1148</b>	Amount          <b>\$107.85</b>
Street Address <b>11 Riverbend Dr S</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06907-2524</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					07/13/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3635 Ruffin Rd Fl 3		San Diego	CA	92123-1880	WEB		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$17.75

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					07/16/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$30.00

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					07/17/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$271.27

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## N. Expenses Paid By Committee

Name of Payee Katharine S. Urbank					Date of Payment 07/17/2009	Method of Payment <input type="checkbox"/> Check #	Amount          \$830.77
Street Address 227 Brookdale Rd	City Stamford	State CT	Zip Code 06903-4118	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Matthew J Zagaja					Date of Payment 07/17/2009	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$400.00
Street Address 12 Cornish Rd	City Wethersfield	State CT	Zip Code 06109-1415	Purpose of Expenditure CNSLT	<u>1153</u> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee The Harty Press, Inc.					Date of Payment 07/17/2009	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$908.42
Street Address PO Box 324	City New Haven	State CT	Zip Code 06513-0324	Purpose of Expenditure PRNT	<u>1159</u> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press, Inc.					07/17/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1158</u>	
PO Box 324		New Haven	CT	06513-0324	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$1,473.50							

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					07/17/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1161</u>	
215 Oxford St		Hartford	CT	06105-2249	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$405.05							

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					07/17/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
215 Oxford St		Hartford	CT	06105-2249	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$1,653.84							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## N. Expenses Paid By Committee

Name of Payee Dara K Kovel					Date of Payment 07/17/2009	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 85 Livingston St	City New Haven	State CT	Zip Code 06511-2409	Purpose of Expenditure REF	<u>1162</u> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$100.00	
Name of Payee Anthem Blue Cross and Blue Shield					Date of Payment 07/17/2009	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 11017	City Lewiston	State ME	Zip Code 04243-9468	Purpose of Expenditure WAGE	<u>1155</u> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$140.64	
Name of Payee USPS					Date of Payment 07/17/2009	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address West Avenue Station	City Stamford	State CT	Zip Code 06911	Purpose of Expenditure OVHD	<u>1154</u> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$195.00	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					07/17/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1157</u>	<input type="checkbox"/> Debit Card	
PO Box 9256	Chelsea	MA	02150-9256	OVHD			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
							\$116.50
Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					07/20/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
							\$27.50
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					07/21/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1169</u>	<input type="checkbox"/> Debit Card	
215 Oxford St	Hartford	CT	06105-2249	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
							\$1,038.01

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Grade A Shoprite				07/21/2009	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1166</u>	
200 Shippan Ave	Stamford	CT	06902	FNDR	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$76.98

Name of Payee						Date of Payment	Method of Payment	Amount
Matthew J Zagaja						07/21/2009	<input checked="" type="checkbox"/> Check # <u>1165</u>	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
12 Cornish Rd		Wethersfield	CT	06109-1415	CNSLT			
Description							Event #	
<div style="display: flex; justify-content: space-between;"> <span>Is this expenditure coordinated with another candidate for which reimbursement is sought?</span> <span>Other Candidate(s) Name</span> <span>Office Sought</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </div>								
\$200.00								

Name of Payee				Date of Payment	Method of Payment	Amount
Mr. Anthony D. Truglia Esq.				07/21/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1168</u>	
1494 Shippan Ave	Stamford	CT	06902-7839	REF	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$250.00



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Butterfield8 Lounge					07/21/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1163</u>	
112 Bedford St		Stamford	CT		FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$3,648.00	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Enovai, Inc.					07/22/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1171</u>	
1131 Tolland Tpke Ste O		Manchester	CT	06042-1679	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$2,080.00	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
John J Sullivan's					07/22/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1170</u>	
557 Wakelee Ave		Ansonia	CT	06401-1225	FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$350.00	
<input checked="" type="checkbox"/> No							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
NBC LEO				07/22/2009	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1174</u>	
1301 Pennsylvania Ave NW Ste 550	Washington	DC	20004-1747	A-MAG	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="checked" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		\$125.00

Name of Payee				Date of Payment	Method of Payment	Amount
Butterfield8 Lounge				07/22/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1164</u> <input type="checkbox"/> Debit Card	
112 Bedford St	Stamford	CT		FNDR		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$1,374.60

Name of Payee				Date of Payment	Method of Payment	Amount
Complete Campaigns				07/22/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$61.50

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					07/24/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3635 Ruffin Rd Fl 3		San Diego	CA	92123-1880	WEB		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$19.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JHM Group Of Companies					07/27/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1177</u> <input type="checkbox"/> Debit Card	
76 Progress Dr		Stamford	CT	06902-3600	OVHD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$500.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
GSG Communications, LLC					07/27/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1175</u> <input type="checkbox"/> Debit Card	
895 Broadway Fl 5		New York	NY	10003-1226	CNSLT		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$6,000.00
<input checked="" type="checkbox"/> No							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Franca L DeRosa				07/27/2009	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1176</u>	
15 Highland St Apt 206	West Hartford	CT	06119-1378	REF	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$100.00

Name of Payee						Date of Payment	Method of Payment	Amount
Matthew J Zagaja						07/28/2009	<input checked="" type="checkbox"/> Check #  1178	
Street Address		City	State	Zip Code	Purpose of Expenditure			
12 Cornish Rd		Wethersfield	CT	06109-1415	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							\$200.00	

Name of Payee				Date of Payment	Method of Payment	Amount
Katharine S. Urbank				07/28/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1179</u>	
227 Brookdale Rd	Stamford	CT	06903-4118	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$219.88

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Katharine S. Urbank				07/31/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
227 Brookdale Rd	Stamford	CT	06903-4118	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		\$830.77

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					07/31/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
215 Oxford St	Hartford	CT	06105-2249	WAGE			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$1,653.84

Name of Payee				Date of Payment	Method of Payment	Amount
Paychex				07/31/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		
						\$324.93

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## N. Expenses Paid By Committee

Name of Payee Complete Campaigns					Date of Payment 07/31/2009	Method of Payment <input type="checkbox"/> Check #	Amount          \$63.75
Street Address 3635 Ruffin Rd Fl 3	City San Diego	State CA	Zip Code 92123-1880	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee People's United Bank					Date of Payment 07/31/2009	Method of Payment <input type="checkbox"/> Check #	Amount          \$20.65
Street Address 350 Bedford St	City Stamford	State CT	Zip Code 06901-1741	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Enovai, Inc.					Date of Payment 07/31/2009	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$4,000.00
Street Address 1131 Tolland Tpke Ste O	City Manchester	State CT	Zip Code 06042-1679	Purpose of Expenditure WEB	<u>1180</u> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					08/03/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3635 Ruffin Rd Fl 3		San Diego	CA	92123-1880	OVHD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
					Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$500.00

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew J Zagaja					08/05/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1181</u>	
12 Cornish Rd		Wethersfield	CT	06109-1415	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
					Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$200.00

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew J Zagaja					08/05/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1182</u>	
12 Cornish Rd		Wethersfield	CT	06109-1415	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
					Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$200.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					08/10/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$172.45							
Name of Payee					Date of Payment	Method of Payment	Amount
Enovai, Inc.					08/11/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1183</u> <input type="checkbox"/> Debit Card	
1131 Tolland Tpke Ste O		Manchester	CT	06042-1679	WEB		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$8,000.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					08/14/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$271.27							



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					08/14/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
215 Oxford St		Hartford	CT	06105-2249	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$1,653.84
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
Katharine S. Urbank					08/14/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
227 Brookdale Rd		Stamford	CT	06903-4118	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$830.77
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					08/16/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3635 Ruffin Rd Fl 3		San Diego	CA	92123-1880	WEB		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$7.50
<input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## N. Expenses Paid By Committee

Name of Payee <b>Matthew Gianquinto</b>					Date of Payment <b>08/17/2009</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1186</b>	Amount          <b>\$167.55</b>
Street Address <b>215 Oxford St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105-2249</b>	Purpose of Expenditure <b>RCW</b>	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Dimitar Naydenov</b>					Date of Payment <b>08/17/2009</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1185</b>	Amount          <b>\$18.75</b>
Street Address <b>670 Mix Ave Apt 5D</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06514-2343</b>	Purpose of Expenditure <b>RCW</b>	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Clinton Democratic Town Committee</b>					Date of Payment <b>08/17/2009</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1187</b>	Amount          <b>\$100.00</b>
Street Address <b>c/o Willie Fritz 30 Sunnybrook Ln</b>	City <b>Clinton</b>	State <b>CT</b>	Zip Code <b>06413</b>	Purpose of Expenditure <b>ATT *</b>	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					08/17/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1184</u>		
PO Box 9256	Chelsea	MA	02150-9256	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$104.37							
Name of Payee					Date of Payment	Method of Payment	Amount
Enovai, Inc.					08/18/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1188</u>		
1131 Tolland Tpke Ste O	Manchester	CT	06042-1679	WEB	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$4,000.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					08/19/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$24.25							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Enovai, Inc.					08/21/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1193</u>	
1131 Tolland Tpke Ste O		Manchester	CT	06042-1679	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
					Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$4,000.00

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					08/24/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
3635 Ruffin Rd Fl 3		San Diego	CA	92123-1880	WEB	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
					Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$7.50

Name of Payee					Date of Payment	Method of Payment	Amount
Ronald Malloy					08/25/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1189</u>	
111 Downs Ave		Stamford	CT	06902-7802	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
					Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$25.00



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					08/28/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$271.21							
Name of Payee					Date of Payment	Method of Payment	Amount
Katharine S. Urbank					08/28/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
227 Brookdale Rd	Stamford	CT	06903-4118	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$830.77							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					08/28/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
215 Oxford St	Hartford	CT	06105-2249	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$1,653.84							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
Connecticut Young Democrats						08/31/2009	<input checked="" type="checkbox"/> Check # <u>1192</u> <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
PO Box 260098		Hartford	CT	06126-0098	ATT *			
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
\$500.00								
Name of Payee						Date of Payment	Method of Payment	Amount
Complete Campaigns						08/31/2009	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
3635 Ruffin Rd Fl 3		San Diego	CA	92123-1880	WEB			
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
\$12.50								
Name of Payee						Date of Payment	Method of Payment	Amount
Enovai, Inc.						09/02/2009	<input checked="" type="checkbox"/> Check # <u>1195</u> <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
1131 Tolland Tpke Ste O		Manchester	CT	06042-1679	WEB			
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
\$4,000.00								





#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Katharine S. Urbank				09/05/2009	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1198</u>	
227 Brookdale Rd	Stamford	CT	06903-4118	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$498.04

Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press, Inc.					09/05/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1196</u>	
PO Box 324		New Haven	CT	06513-0324	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$1,017.80

Name of Payee				Date of Payment	Method of Payment	Amount
Paradox Ink				09/05/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1197</u>	
1042 Broad St	Bridgeport	CT	06604-4246	A-OTH	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$750.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					09/08/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$4.75	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/10/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$107.68	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/11/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$271.21	
<input checked="" type="checkbox"/> No							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Matthew Gianquinto				09/11/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
215 Oxford St	Hartford	CT	06105-2249	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		\$1,653.84

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					09/11/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$26.25

Name of Payee				Date of Payment	Method of Payment	Amount
Katharine S. Urbank				09/11/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
227 Brookdale Rd	Stamford	CT	06903-4118	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		\$830.77

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## N. Expenses Paid By Committee

Name of Payee <b>Ledger Publications</b>					Date of Payment <b>09/11/2009</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1202</b>	Amount          <b>\$350.00</b>
Street Address <b>740 N Main St</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-2480</b>	Purpose of Expenditure <b>A-MAG</b>	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Sprint</b>					Date of Payment <b>09/11/2009</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1201</b>	Amount          <b>\$167.55</b>
Street Address <b>307 Connecticut Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854-1805</b>	Purpose of Expenditure <b>OVHD</b>	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>JHM Group Of Companies</b>					Date of Payment <b>09/11/2009</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1203</b>	Amount          <b>\$500.00</b>
Street Address <b>76 Progress Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-3600</b>	Purpose of Expenditure <b>OVHD</b>	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Cablevision of Connecticut				09/11/2009	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1200</u>	
PO Box 9256	Chelsea	MA	02150-9256	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$99.85

Name of Payee					Date of Payment	Method of Payment	Amount
JHM Group Of Companies					09/12/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1204</u>		
76 Progress Dr	Stamford	CT	06902-3600	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </div>							
							\$500.00

Name of Payee				Date of Payment	Method of Payment	Amount
Anthem Blue Cross and Blue Shield				09/14/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1207</u>	
PO Box 11017	Lewiston	ME	04243-9468	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		\$140.64

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Enovai, Inc.				09/14/2009	<input checked="checked" type="checkbox"/> Check # <u>1206</u>	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
1131 Tolland Tpke Ste O	Manchester	CT	06042-1679	WEB		
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$4,000.00

Name of Payee						Date of Payment	Method of Payment	Amount
Sisters Marketing						09/14/2009	<input checked="" type="checkbox"/> Check #  1205	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
550 E Chester St		Long Beach	NY	11561-2413	A-OTH			
Description  GIFT Date:							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name      Office Sought</div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No       </div>								\$2,455.00

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					09/17/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>             Other Candidate(s) Name             <input type="text"/> </div> <div>             Office Sought             <input type="text"/> </div>							
							\$108.70

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press, Inc.					09/20/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1209</u>	
PO Box 324		New Haven	CT	06513-0324	POST	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$890.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Enovai, Inc.					09/20/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1208</u>	
1131 Tolland Tpke Ste O		Manchester	CT	06042-1679	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$4,000.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Ledger Publications					09/20/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1212</u>	
740 N Main St		West Hartford	CT	06117-2480	A-MAG	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$280.00							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
USPS				09/20/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1216</u>	
West Avenue Station	Stamford	CT	06911	POST	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$132.00

Name of Payee						Date of Payment	Method of Payment	Amount
Design Intervention, LLC						09/21/2009	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
89 Edgcomb St		Mystic	CT	06355-2409	OVHD			
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
				Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
\$954.00								

Name of Payee					Date of Payment	Method of Payment	Amount
NARAL Pro-Choice Connecticut					09/21/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1210</u>		
56 Arbor St	Hartford	CT	06106-1222	A-MAG	<input type="checkbox"/> Debit Card		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$250.00



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
CulinArt, Inc					09/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1213</u>		
1979 Marcus Ave Ste E110	New Hyde Park	NY	11042-1002	FNDR	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$179.67							

Name of Payee					Date of Payment	Method of Payment	Amount
The Saltwater Grille					09/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1214</u>		
183 Harbor Dr	Stamford	CT	06902-7405	FNDR	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$567.00							

Name of Payee					Date of Payment	Method of Payment	Amount
GSG Communications, LLC					09/25/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1217</u>		
895 Broadway Fl 5	New York	NY	10003-1226	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$6,000.00							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## N. Expenses Paid By Committee

Name of Payee <b>Arunan Arulampalam</b>					Date of Payment <b>09/25/2009</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$1,153.85</b>
Street Address <b>81 Edwards St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511-3942</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Glastonbury DTC</b>					Date of Payment <b>09/25/2009</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          <b>\$150.00</b>
Street Address <b>2205 Main St</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2210</b>	Purpose of Expenditure <b>A-MAG</b>	<u>1223</u> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Matthew Gianquinto</b>					Date of Payment <b>09/25/2009</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$1,653.84</b>
Street Address <b>215 Oxford St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105-2249</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					09/25/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3635 Ruffin Rd Fl 3	San Diego	CA	92123-1880	WEB			
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$190.25

Name of Payee					Date of Payment	Method of Payment	Amount
Katharine S. Urbank					09/25/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
227 Brookdale Rd	Stamford	CT	06903-4118	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>							\$830.77
Other Candidate(s) Name				Office Sought			

Name of Payee						Date of Payment	Method of Payment	Amount
Paychex						09/25/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name      Office Sought</div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No       </div>								
\$347.12								

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

[illegible]

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Enovai, Inc.					09/29/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1221</u>	
1131 Tolland Tpke Ste O		Manchester	CT	06042-1679	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$4,077.50							
Name of Payee					Date of Payment	Method of Payment	Amount
Sisters Marketing					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1238</u>	
550 E Chester St		Long Beach	NY	11561-2413	A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$2,630.00							
Name of Payee					Date of Payment	Method of Payment	Amount
The Country Club Of Waterbury					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1235</u>	
PO Box 2123		Waterbury	CT	06722-2123	FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$600.00							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Purdue Pharma, L.P.					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1230</u>	
1 Stamford Forum Fl 8		Stamford	CT	06901-3516	FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$100.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Ms. Carolanne Curry					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1234</u>	
29 Hiawatha Lane Ext		Westport	CT	06880-5812	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$50.00							

Name of Payee					Date of Payment	Method of Payment	Amount
James R Crozier					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1237</u>	
975 Still Hill Rd		Hamden	CT	06518-1108	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$375.00							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Robinson & Cole LLP					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1240</u>	
280 Trumbull St		Hartford	CT	06103-3509	FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$582.53							
Name of Payee					Date of Payment	Method of Payment	Amount
Brian Fitzgerald					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1236</u>	
40 Fox Run Ln		Greenwich	CT	06831-3737	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$375.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Kristy Laydon					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1243</u>	
28 Grove Hill Rd		Woodbridge	CT	06525-1446	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$375.00							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
L. Christine Laydon					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1242</u>	
16 Forest Glen Dr		Woodbridge	CT	06525-1449	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$375.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Elmer F. Laydon Jr.					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1241</u>	
16 Forest Glen Dr		Woodbridge	CT	06525-1449	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$375.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle D Byrne					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1232</u>	
50 Wacona Ave Apt 2D		Waterbury	CT	06705-1243	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$150.00							



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Timothy J Brown					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1231</u>	
21 Pearl St		Plainville	CT	06062-2721	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$150.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Verizon Wireless					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1229</u>	
PO Box 15062		Albany	NY	12212-5062	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$509.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Complete Campaigns					09/30/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3635 Ruffin Rd Fl 3		San Diego	CA	92123-1880	WEB		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$905.75							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Carl Wagner					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1233</u> <input type="checkbox"/> Debit Card	
28 Caruso Dr		Watertown	CT	06795-3069	REF		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$200.00							

Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press, Inc.					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1227</u> <input type="checkbox"/> Debit Card	
PO Box 324		New Haven	CT	06513-0324	PRNT		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$5,022.10							

Name of Payee					Date of Payment	Method of Payment	Amount
People's United Bank					09/30/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
350 Bedford St		Stamford	CT	06901-1741	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$69.67							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Connecticut (CT)						Original 10/13/2009	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
City Of Stamford					09/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1228</u>	<input type="checkbox"/> Debit Card	
888 Washington Blvd	Stamford	CT	06901-2902	TRVL			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought		\$1,124.23
Total of Section N						<b>\$144,749.83</b>	

**IV. EXPENDITURES**

NAME OF COMMITTEE						FILING DUE DATE		
Dan Malloy For Connecticut (CT)						Original 10/13/2009		
<b>O. Campaign Expenses Paid By Candidate</b>								
Name of Payee					Date of Payment		Is Reimbursement Claimed?  Yes No	<b>Amount</b>
Street Address			City		State	Zip Code		
Purpose of Expenditure	Description					Event #		
<b>Total of Section O</b>								

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Connecticut (CT)					Original 10/13/2009	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor Lisa Theresa's		Date Incurred 09/30/2009	Event #		Amount Incurred (Estimate or Actual)
Street Address 906 W Main St		City Branford	State CT	Zip Code 06405-3443	
Purpose of Expenditure FNRD	Description Marcus fundraiser				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </div>					
Other Candidate(s) Name		Office Sought		\$875.00	

Name of Creditor R. Elaine Jones-Bronin		Date Incurred 09/30/2009	Event #		Amount Incurred (Estimate or Actual)
Street Address 11 Windabout Dr		City Greenwich	State CT	Zip Code 06831-3702	
Purpose of Expenditure REF	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </div>					
Other Candidate(s) Name		Office Sought		\$375.00	

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Stony Creek Package Store		Date Incurred 09/30/2009	Event #		Amount Incurred (Estimate or Actual)	
Street Address 3 Thimble Island Rd		City Stony Creek		State CT		Zip Code 06405
Purpose of Expenditure FNRD	Description Marcus event					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Creditor Greenwich Hospitality Gro		Date Incurred 09/30/2009	Event #		Amount Incurred (Estimate or Actual)	
Street Address 26 Mill River St		City Stamford		State CT		Zip Code 06902-3726
Purpose of Expenditure FNRD	Description					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Total of Section Q					\$2,054.89	

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Mr. Stanton Lesser	07/08/2009	<input checked="" type="checkbox"/> Check # 1144	
Secondary Payee	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Bravo Restaurant	FNDR		
Street Address	City	State	
1418 Post Rd	Fairfield	CT	
Zip Code	Description	Event #	
06824-5909			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			

\$127.00

[illegible]



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Katharine S. Urbank		Date of Payment 07/28/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1179	Amount          \$125.93
Secondary Payee Staples		Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 51 Richards Ave	City Norwalk	State CT	Zip Code 06854-2309	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		

Name of Worker/Consultant Katharine S. Urbank		Date of Payment 07/28/2009	Method of Payment <input checked="checked" type="checkbox"/> Check # 1179	Amount          \$38.12
Secondary Payee Party City		Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 2255 Summer St	City Stamford	State CT	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Katharine S. Urbank		Date of Payment 07/28/2009	Method of Payment <input checked="checked" type="checkbox"/> Check # 1179	Amount          \$28.61
Secondary Payee Costco Wholesale Club		Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 799 Connecticut Ave	City Norwalk	State CT	Zip Code 06854-1615	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		

[illegible]

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Matthew Gianquinto	Date of Payment 08/17/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1186		Amount
Secondary Payee Sprint	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 307 Connecticut Ave	City Norwalk	State CT	Zip Code 06854-1805	
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No				

\$167.55

Name of Worker/Consultant						Date of Payment	Method of Payment	Amount  \$160.36
Katharine S. Urbank						09/05/2009	<input checked="" type="checkbox"/> Check # 1198	
Secondary Payee						Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Staples						RCW		
Street Address				City		State	Zip Code	
51 Richards Ave				Norwalk		CT	06854-2309	
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Katharine S. Urbank	Date of Payment 09/05/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1198
Secondary Payee Staples	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card
Street Address 51 Richards Ave	City Norwalk	State CT
Description	Zip Code 06854-2309	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought
		\$42.36

Name of Worker/Consultant Katharine S. Urbank	Date of Payment 09/05/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1198
Secondary Payee High Ridge Copy	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card
Street Address 1009 High Ridge Rd	City Stamford	State CT
		Zip Code 06905-1602
Description	Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		
<input type="checkbox"/> Yes		
<input checked="" type="checkbox"/> No		
Other Candidate(s) Name		Office Sought
		\$6.10

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Katharine S. Urbank		Date of Payment 09/05/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1198	Amount          \$66.60
Secondary Payee High Ridge Copy		Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 1009 High Ridge Rd	City Stamford	State CT	Zip Code 06905-1602	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		

Name of Worker/Consultant Katharine S. Urbank	Date of Payment 09/05/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1198	
Secondary Payee USPS	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address West Avenue Station	City Stamford	State CT	Zip Code 06911
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$176.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Katharine S. Urbank	Date of Payment 09/05/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1198
Secondary Payee Staples	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card
Street Address 51 Richards Ave	City Norwalk	State CT
Description	Zip Code 06854-2309	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought

\$46.62

Name of Worker/Consultant Katharine S. Urbank	Date of Payment 09/29/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1222	Amount	
Secondary Payee USPS	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address West Avenue Station	City Stamford	State CT		Zip Code 06911
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$25.20	



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Katharine S. Urbank		Date of Payment 09/29/2009	Method of Payment <input checked="checked" type="checkbox"/> Check # 1222	Amount          \$4.95
Secondary Payee USPS		Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address West Avenue Station	City Stamford	State CT	Zip Code 06911	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No			Other Candidate(s) Name  Office Sought 	

Name of Worker/Consultant Katharine S. Urbank		Date of Payment 09/29/2009	Method of Payment <input checked="checked" type="checkbox"/> Check # 1222	Amount          \$61.47
Secondary Payee Costco Wholesale Club		Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 799 Connecticut Ave	City Norwalk	State CT	Zip Code 06854-1615	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Connecticut (CT)	Original 10/13/2009

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]**Total of Section R**

**\$1,726.34**

# IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Dan Malloy For Connecticut (CT)				Original 10/13/2009	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					Original Purchase Amount of Item
Street Address		City	State	Zip Code	
Description					
Total of Section S					